

# HARVARD MEDICAL

ALUMNI BULLETIN

SPRING 1982



*Two Hundred Years*





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# The New England Journal of Medicine

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**ALUMNI BULLETIN/SPRING 1982/VOL. 56, NO. 2**

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*About the cover:*

*On the left, John Warren, first Professor of Anatomy and Surgery, a chief motive force in the founding of the Harvard Medical School. From a lithograph of a portrait by Rembrandt Peale. On the right, Benjamin Waterhouse, first Professor of the Theory and Practice of Physic. From an engraving by R. Reeve.*

*Absent is the third member of the original faculty of three, Aaron Dexter, Professor of Chemistry and Materia Medica. No known portrait of him exists.*

*Originals courtesy of Richard Wolfe, Curator of Rare Books and Manuscripts, Francis A. Countway Library of Medicine. Cover illustration by Alan Witschonke.*

# INSIDE H.M.A.B.

**T**his issue of the *Bulletin* welcomes the Alumni to Harvard's Bicentennial. People have birthdays, institutions have centennials. "Happy Birthday" is an appropriate salutation. "Happy Bicentennial" has an odd sound. But it is an occasion for celebration and for joy, one of the few simple words still blessed to our use.

The Bicentennial newsletter has admirably served the historical needs of the Alumni for the past year. In the issues ahead, we do not plan to repeat the chronologic history of the School from its earliest days in the basement of Harvard Hall, through the preceptorships of the early nineteenth century, to be followed by the Eliot reforms and, finally, the present biomedical complex. We do plan to bring to the Alumni episodes in the life of the School presented in an historically palatable form, but not to the exclusion of the other concerns of the Alumni.

We begin with the minutes of Eliot's "farewell address," his last meeting with the Medical School Faculty, in juxtaposition to Derek Bok's latest meeting with that same Faculty. We have two presidents of Harvard a century apart; one looks back on his reshaping of the School and his hopes for the future, now past, and Bok speaks to us of the tremendous challenges that lie ahead for medical schools and universities in this age of biologic engineering, large corporations and government.

So that we do not lose sight of individuals, in this issue a Warren listens to a Holmes; Calvin Ellis, the forgotten dean, is given his just due; Walter Cannon does his part in an academic changing of the guard; Eugene Emerson, student of William James, brings Psyche to the grove of Hippocrates.

A smattering of history may or may not help us avoid the mistakes of the past, but at least it should make our mistakes more interesting than they otherwise might be.

—Gordon Scannell

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## BOOK MARKS

# Laying a New Foundation for Medical Ethics

*A THEORY OF MEDICAL ETHICS*,  
by Robert M. Veatch, Basic Books,  
New York, 1981.

by Eugene G. Laforet

*A Theory of Medical Ethics* has been grist for such diverse book-review mills as those of *The New York Times* and *The New England Journal of Medicine*. By now it should be ground exceeding fine. And yet a few rough kernels are still evident, at least to the eye of this dilettante. But more anon.

The past fifteen years have witnessed an unparalleled explosion in the study of medical ethics. The stimulus was furnished, of course, by quantum advances in medicine and biology, and by the urgent ethical problems that these have spawned. And by thus demanding attention not to theoretical riddles but to present and actual difficulties, the new discipline of "bioethics" has infused new liveliness, if not new life, into the ancient and revered study of ethics.

Robert M. Veatch, the author of *A Theory of Medical Ethics*, has both observed and participated in this bioethical revolution, first at the Hastings Institute and now at Georgetown. As a professional philosopher who is obviously at home with medicine, he proffers respectable credentials. If at times his philosophical constructs seem too heavy for the workaday physician, that is more the latter's problem than Veatch's.

*A Theory of Medical Ethics* divides quite neatly into four parts. In the first, the author provides a useful historical survey of medical ethics, beginning with the Hippocratic concept and then moving through the Judeo-Christian tradition to the theories of the modern secular West. The overview is completed by a rare acknowledgment that cultures other

than the Anglo-American West have some concern with medical ethics; thus an explication, necessarily brief, of socialist, Islamic, Hindu, Chinese, and Japanese medical ethics.

Having fashioned this historical matrix, Veatch then goes on to Part II, which is really the heart—and soul—of his book. Here he discusses the problem with codes of professional physician ethics as usually articulated; these he sees, quite correctly, more as rules of conduct for physician-to-physician encounters than as guides to moral behavior in dealing with colleagues and with patients. His "new

*Implicit in Veatch's effort to construct a universal set of medical ethics is the belief that physicians qua physicians share some concept that transcends cultural, geographic, political, and most other constrictions.*

foundation" for medical ethics, eschewing all the traditional guild-oriented regulations, is the triple contract. This involves (1) a basic social contract that accepts some sort of ethical system, (2) a contract between society and the profession, and finally (3) a contract between individual professionals and lay people that spells out more specifically the moral and other terms of their relationship.

Part III, interesting if anticlimactic, discusses such aspects of medical ethics as contract-keeping, confidentiality, patient autonomy, honesty, and

justice. In Part IV, "Relating Cases and Principles," Veatch addresses what is certainly the commonest difficulty in any attempt to apply ethical principles to a concrete situation, i.e., what to do when the principles are in conflict. In the final chapter the author harkens back to his triple contract theory and presents a "Draft Medical Ethical Covenant." Interspersed among the fourteen chapters are twelve succinct illustrative cases involving medical ethical decisions that bring some real-world immediacy to the theoretical discussion.

Now for the few kernels...

Implicit in Veatch's effort to construct a universal set of medical ethics—beginning with and building on a patient-physician covenant—is the belief that physicians *qua* physicians share *some* concept that transcends cultural, geographic, political, and most other constrictions. A somewhat similar view was proposed in a letter that appeared many years ago in *Science*, entitled "Scientists and Jesuits, Gypsies and Jews." The thrust was that the four groups named, as well as a few others, such as professional naval officers, were marked by a unique collegiality that was independent of—should I say it?—"race, color, creed, or national origin."

As for physicians, though—using a fair sampling that includes not only my everyday colleagues but also communist military surgeons in their home milieu—I can only conclude that the ethical system espoused by any group of doctors is far more likely to reflect that of their immediate environment than that of some universal ideal. True, it is possible to smelt a number of basic ethical tenets from the ore of human history—tenets that all men at all times would probably hold. Thus, for example, the *Tao* of C. S. Lewis. But the stuff of medical ethics is precisely *not* that on which all reasonable men might agree—it is that on which many reasonable men might disagree. I see little hope, therefore, for any medical ethical consensus, covenantal or otherwise, in the absence of societal agreement on more pervasive moral issues. But Veatch's effort is a valiant one nonetheless.

The second kernel concerns medical ethical problem-solving itself. Veatch's book is, at bottom, an approach to problem-solving, "a theory of medical ethics." We in the West really *do* want answers and assume there really *are* answers—if only we

work hard enough at it. I think, though, that some problems in medical ethics, as in ethics generally and as in life itself, are simply not soluble. There is often a tension that accompanies any moral decision and that is at once unsatisfying, uneasy, and uncomfortable. Perhaps it is better to acknowledge this and tolerate it than to ignore it. E. F. Schumacher puts it well (in *A Guide for the Perplexed*) by classifying problems as either convergent—those for which a solution requires only diligence

and intelligence, or divergent—those for which the answers progressively diverge and which are therefore basically insoluble. And there is no doubt which variety Schumacher considers the more important. “Once the answer has been found, the problem ceases to be interesting: A solved problem is a dead problem.”

The *real* problems, those that exercise and characterize our humanness, are the divergent ones, the insoluble ones. What keeps medical ethics alive,

I think, is that its problems are divergent. And what keeps it interesting is precisely what keeps the practice of clinical medicine interesting—decisions must be made before all the data are in. Veatch has written a stimulating and agreeable book—even though, or perhaps because, all his data are not in. □

*Eugene G. Laforet is a thoracic surgeon affiliated with the Newton-Wellesley Hospital.*

## CAPSULES

*THE FINAL EPIDEMIC—Physicians and Scientists on Nuclear War, edited by Ruth Adams and Susan Cullen, The University of Chicago Press, 1981.*

*The Final Epidemic* is a collection of papers originally presented at a series of symposia on the medical consequences of nuclear war, organized by Physicians for Social Responsibility and the Council for a Livable World. The pieces are, without exception, eloquent, thoughtful and well-documented—guaranteed to reverse the process of “psychic numbing” that helps us avoid thinking what hell on earth would really be like.

Subject matter is divided into five sections: Symptoms, Causes, Pathogenesis, Prognosis and Treatment. The last of these is acknowledged to be somewhat of a misnomer, as all the authors ultimately agree that there is no realistic therapy for the health problems that a nuclear holocaust would create. The only meaningful strategy, then, is prevention, and this is the book’s underlying theme.

The sequelae of a nuclear attack—burns, radiation, trauma, infection and communicable disease—are discussed in scrupulous detail. Other topics include the physical and psychological effects of Hiroshima (“‘My body seemed all black, everything seemed dark, dark all over; and then I thought, the world is ending.’”); the mechanics of fallout (“If a so-called counterforce exchange occurred today... a very large fraction of the area of the attacked nation would be covered by lethal fallout.”); and the economics of defense (“The total cost

of the program that eliminated smallpox from the Earth is less than the cost of six hours of the world arms race.”).

The authors are a distinguished group of individuals from medicine, science and politics “drawn together by their concern for survival.” Nine of the 22 are from Harvard: George B. Kistiakowsky, Helen Caldicott, John Mack, John Kenneth Galbraith, Howard Hiatt, John D. Constable, Herbert L. Abrams, Roger Fisher and Bernard Lown.

Explaining the rationale for physicians’ leadership in the nuclear disarmament movement, Lown writes: “The physician, as health provider and interpreter of complex scientific facts, maintains a position of credibility with the individual being served. As such, the public can trust the physician in expressing an opposition to the nuclear arms race that derives from a deep commitment to preserving human life.” Given the present administration’s national defense policy, *The Final Epidemic* should be required reading for all physicians, who should in turn prescribe it to their patients.

—LWS

*THE VITAL PROBE: MY LIFE AS A BRAIN SURGEON, by I. S. Cooper, W. W. Norton & Co., New York, 1981.*

There is a question that does a slow burn throughout this autobiography of I. S. Cooper, the experimental neurosurgeon who developed brain surgery techniques to eliminate the tremors of

parkinsonism and other involuntary movement disorders: Why did many of Cooper’s respected peers vehemently denounce his work over the years, in spite of his record of success?

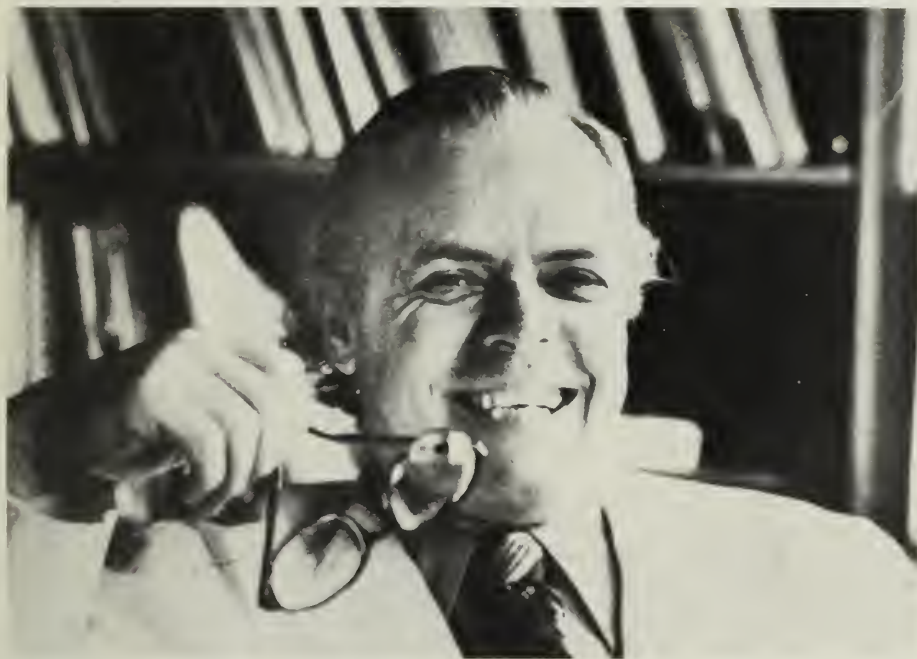
There is apparently no easy answer. There is, however, a defense, and that is what Cooper gives us here. He tries with all the ammunition at hand—including suffocating sentimentality—to convince us of his fairness, his dedication to his patients, his bewilderment at criticism, his vast love for family and friends, and the overwhelming evidence of improvement in his cases.

One strongly suspects that he is not telling us everything. The reader looks for clues to what *really* generated the controversy over his achievements, and finds evidence that Cooper may not be an easy person to like. He maligns other physicians with remarks about their inability to listen well to patients, and their tendency to refer problem patients to psychiatrists. He dismisses all committee meetings as useless wastes of time. He tells us that he so alienated a good friend, simply by being enthusiastic over his own work one evening, that his friend wouldn’t speak to him for a year.

This search for what is hidden between the lines has the peculiar effect of adding to the natural drama of Cooper’s story. It also leads to a disquieting conclusion—that Cooper’s difficulty in achieving acceptance in the medical world has had much more to do with his personality, his lack of political savvy, and his flamboyant style than with the validity of his work.

—LWD





## Fitzpatrick Honored for Leadership in Dermatology

When Thomas B. Fitzpatrick graduated from Harvard Medical School in 1945, dermatology was, in his own words, "quite primitive. Little was known about the biochemistry of the skin, and the field for research was wide open." Contemplating this untrodden ground, Fitzpatrick remembers, "I was interested in cell metabolism, but I also wanted to see patients and to see the patient's problem immediately. Deductively, I made the choice for dermatology."

The choice was an auspicious one. In the intervening years dermatology has come into its own as a medical specialty and Fitzpatrick, head of the Department of Dermatology since 1959, has been in the vanguard every step of the way. His accomplishments are now being recognized with the establishment of a professorship fund

in his name, an honor rarely accorded an incumbent professor. He will also be paid tribute at a three-day symposium, organized by graduates of his training program in dermatology, to take place in September during the HMS bicentennial celebration.

Fitzpatrick's pioneering research has included identification of the biochemistry of pigmentation; studies of the melanomas, which have yielded early detection methods and better treatments and prevention; and development of therapies for previously intractable forms of psoriasis. In 1964 he was instrumental in starting the Dermatology Foundation, a national non-profit agency which now has nearly 2,500 members, and gives \$150,000 annually to young researchers. He is also co-author of a major text in the field, *Dermatology in General Medicine*, co-author of the dermatology sections in *Harrison's Principles of Internal Medicine*, and author or co-author of

three other books and over 300 published papers.

The Fitzpatrick Professorship Fund has been established with a gift of \$500,000 from the Bedminster Fund of New York, the personal charitable foundation of Mrs. Dorothy Dillon Eweson. The Dillon family has a long history of philanthropy to Harvard, and Mrs. Eweson has supported medical research at this and other universities for more than forty-five years. Her interest in Fitzpatrick's work began in the early seventies when she helped support his work with John Parrish in developing psoralen-ultraviolet light (PUVA) treatment for psoriasis.

The Bedminster Fund intends that matching funds be raised within two years to endow the Fitzpatrick Professorship. The HMS Department of Dermatology has undertaken responsibility for the additional fundraising, and it is expected that the chair will be fully activated by September.

When Fitzpatrick came to HMS as Edward Wigglesworth Professor in 1959, there was only one full-time dermatologist at the Harvard teaching hospitals; now there are fourteen. In addition, the number of dermatology residencies has increased from three to fourteen. Beth Israel, Children's Hospital, and the Sidney Farber Cancer Institute now each have divisions in this specialty with their own unit chiefs.

An HMS-MGH Dermatology House Officers Association was formed in 1979 by, and for, the 114 residents Fitzpatrick has trained since he came to HMS. The association will sponsor the September symposium, and members will be giving presentations of scientific and clinical work which will be collected for a festschrift issue of the *Journal of Investigative Dermatology*.

## Harrington Program Targets Problems of Adolescents

One of the more disturbing signs of our times is the sharp increase in problems of adolescents and young adults. Growing trends include suicide attempts and deaths; teenage pregnancy; an alarming rise in homicide among young Black males; continuing illicit drug use; and the abuse of alcohol, with a related high rate of car accidents.

In recent years Harvard-affiliated psychiatric, epidemiological, and clinical programs have multiplied in response to these problems but have operated in relative isolation from one another. Now the Harvard Program in Psychiatric Epidemiology (HPPE) has been awarded a grant to advance the study and treatment of mental disorders of adolescents and young adults, and one of the major goals of the new program will be to consolidate and centralize the various existing projects in the field. In doing so it will draw on the resources of Harvard Medical School, the Harvard School of Public Health (HSPH) and the departments of psychiatry at affiliated hospitals.

The project, titled the George Harrington Program in Clinical and Epidemiological Aspects of Adolescence and Young Adulthood, is funded by the George Harrington Trust, and directed by Gerald Klerman, HMS Professor of Psychiatry, who is also director of HPPE. Working closely with Klerman are Miles Shore, Chairman of the Steering Committee of HPPE and Director of the Massachusetts Mental Health Center, and Brian MacMahon, Chairman of the HSPH Department of Epidemiology, who will be the major resource for project design and methodology. Another senior person will eventually be recruited to work full-time with Klerman in the program.

George Harrington was a Boston businessman who died in 1935, leaving the bulk of his estate in trust for the purpose of relieving mental suffering. Three years ago the Harrington Trustees collaborated with the Permanent Charity Fund of Boston to consider proposals from medical schools for programs which would address the problems of adolescents and young adults. The Harvard Program in Psychiatric Epidemiology, jointly established by HMS and HSPH in



*Gerald Klerman*

1979, was awarded the grant in December, 1981.

The HPPE proposal hypothesized that "feelings of depression, alienation, and frustration occur when there is a gap between high expectations and actualities and that this contributes to psychiatric phenomena such as increased alcohol consumption, automobile accidents, depression and suicide attempts." Such gaps can be found, the proposal noted, in the competitive consequences of large birth cohorts; in major class, racial, and ethnic differences in the experience of adolescence and young adulthood; and in significant shifts in social and economic attitudes which have characterized the past two decades.

Major goals of the new project are to develop a comprehensive program of research on adolescence and young adulthood, involving clinical and epidemiological investigations, and to encourage closer collaboration among a variety of Harvard researchers already engaged in relevant studies. Subjects of those studies include: suicide behavior among adolescents and preadolescents, anorexia nervosa, alcoholism among college-age students, drug use among high school students, and childhood depression.

Activities planned under the umbrella of the Harrington Program include formation of a faculty research

group on the clinical and epidemiological aspects of psychiatric disorders in adolescence and young adulthood; discussions by guest lecturers and consultants on methods in the assessment of psychopathology, diagnosis and personality; and a course in epidemiology of psychiatric disorders among adolescents and young adults, which is being developed as part of the HSPH curriculum.

Pending approval of the Board of Overseers, Klerman, who is also Director of Psychiatric Research at the Massachusetts General Hospital, will be designated the George Harrington Professor for a term of five years. He is a former director of the federal Alcohol, Drug Abuse, and Mental Health Administration.

Klerman expects the research activities of the Harrington Program to provide better estimates of incidence and prevalence of a range of disorders, test hypotheses about associated risk factors, document the extent to which various groups are treated or untreated, and identify pathways to treatment. He also expects information to be generated which will help inform clinicians in their daily decisions, and clarify the relationship between mental health, public health and social programs. The result should be better planning and evaluation of policies and programs for the target groups.



## Davidson Professors Named

Ties between Harvard Medical School and Cambridge have been strengthened with the creation of two Charles S. Davidson Professorships at the Cambridge and Mt. Auburn Hospitals. The first appointees to the chairs will be the Chiefs of Medicine at the two hospitals, Robert Lawrence '64 (Cambridge) and Ronald Arky (Mt. Auburn).

Maxwell Finland '26, George Richards Minot Professor Emeritus, initiated the idea of the Davidson Professorships, which are intended "to foster coordination and integration of education and research programs in Internal Medicine at the two teaching hospitals and to improve medical care for the residents of Cambridge." Finland provided a substantial share of the endowment himself and is continuing efforts to reach full funding.\*

Charles S. Davidson, a colleague of Finland's since the 1940's, played a key role in nurturing the association be-



*Charles Davidson*

tween the two Cambridge hospitals and HMS. In 1954 he and David Hurwitz arranged for house officers from the Harvard Medical Services at Boston City to rotate on the medical service of Mt. Auburn, and Davidson later promoted the link between HMS and Cambridge City, which became a Harvard teaching hospital in 1965.

Other landmarks in Davidson's career include a post as the first Chief of Clinical Research of the National Institute of Arthritis and Metabolic Diseases (1951), and a return to NIH

as Scholar in Residence at the Fogarty International Center (1972). Now William B. Castle Professor Emeritus, Davidson is involved in the Medical School's effort to expand primary care resources in Cambridge, and is Senior Lecturer in the Department of Nutrition and Food Science at MIT.

Robert Lawrence was a student at Boston City Hospital when he first met

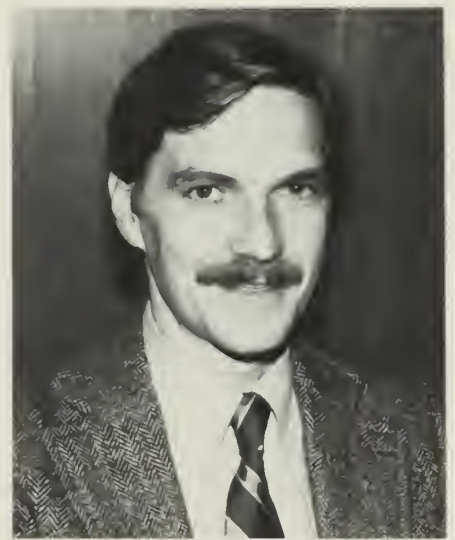


*Maxwell Finland*

Davidson, whom he describes as a "selfless man, committed to teaching and to excellent patient care." Lawrence, who has been Chief of Medicine at Cambridge Hospital since 1980, remarked that the "establishment of these chairs symbolizes many of the things I believe in, including the importance of collaboration among regional hospitals and high-quality teaching and service in a public institution."

Lawrence is the first head of the Harvard Primary Care Program—now the Division of Primary Care—which started in 1974. Under his leadership the program has grown substantially, and now regularly attracts visitors from other countries looking for models for their own medical institutions. Expressing concern over the future of primary care, Lawrence stresses the need for clear authority and recognition of practitioners in the field, and revision of the reimbursement system to reward primary care services.

Ronald Arky, whose background is in intermediary metabolism research, has been Chief of Medicine at Mt. Auburn Hospital since 1971. He looks forward to expanding the "Cambridge



*Robert Lawrence*

branch" of the Medical School through more sharing of training, services, and equipment between Mt. Auburn and Cambridge Hospitals; more clinical investigation; and analysis of the effectiveness of current medical education



*Ronald Arky*

in the hospital. The community hospital, Arky believes, is an excellent place to measure the effectiveness of medical training programs.

In 1979 the HMS graduating class recognized Arky's gifted teaching with a special award. Other recent honors include the presidency of the American Diabetes Association, a post he held in 1979-80.

*\*Tax exempt contributions, payable to Harvard University, can be sent to Dr. Finland at Boston City Hospital, Boston, MA 02118.*



## Match Day 1982: Internships and Residencies

### **Aaron P. Appiah**

Massachusetts General Hospital  
Ophthalmology

### **Linda M. Arbabi**

Stanford University Hospital  
Dermatology

### **Richard Baker**

Harlem Hospital  
Medicine

### **Patrick Barnett**

Deaconess Hospital, Spokane  
Primary Care

### **Carolyn Becker**

Michael Reese Hospital, Chicago  
Medicine

### **Joan Bedinghaus**

CWRU-Cleveland Metropolitan Hospital  
Family Practice

### **Harry Bigham**

The New York Hospital  
Medicine

### **Paul Birnbaum**

Beth Israel Hospital  
Dermatology

### **James Brandt**

University of Minnesota Hospitals,  
Minneapolis  
Surgery

### **Don Brinberg**

Brigham & Women's Hospital  
Medicine

### **Linda Bubernak**

St. Vincent's Hospital, New York  
Ophthalmology

### **Jose Calderon**

State University-King's County Center,  
Brooklyn  
Family Practice

### **Eve Caligor**

Mt. Auburn Hospital  
Psychiatry

### **Robert Carter**

University of Virginia Medical Center  
Medicine

### **Thomas Chambers**

Johns Hopkins Hospital  
Medicine

### **Edmund Cibas**

Brigham & Women's Hospital  
Pathology

### **Ellis Clark**

Roanoke Memorial Hospital  
Emergency Medicine

### **Charles Cook**

New England Deaconess Hospital  
Anesthesia

### **Shaun Coughlin**

Massachusetts General Hospital  
Medicine

### **Michael Culig**

Mercy Hospital, Pittsburgh  
Surgery

### **Myriam Curet**

University of Chicago Hospital  
Plastic Surgery

### **Roberto deBara**

Framingham Union Hospital  
Ophthalmology

### **Thomas DeLaney**

Yale-New Haven Medical Center  
Radiation Therapy

### **Edward Dempsey**

Yale-New Haven Medical Center  
Medicine

### **Charles DePriest**

Howard University Hospital  
Surgery

### **Ezra Deutsch**

Mt. Sinai Hospital  
Medicine

### **Orrin Devinsky**

Beth Israel Hospital  
Neurology

### **Peter DiBattiste**

University of Texas Southwest Affiliated  
Hospitals, Dallas  
Medicine

### **Karen Dickson**

McLean Hospital  
Psychiatry

### **Raymond Dickson**

Massachusetts General Hospital  
Primary Care

### **Emmeline Diller**

The Cambridge Hospital  
Psychiatry

### **Neil Doherty**

Cedars-Sinai Medical Center,  
Los Angeles  
Medicine

### **David Dorsky**

Beth Israel Hospital  
Medicine

### **Theodore Dushane**

Barnes Hospital, St. Louis  
Medicine

### **John Eigner**

Case-Western Reserve University  
Hospital  
Family Practice

### **Eli Farhi**

Brigham & Women's Hospital  
Medicine

### **Diane Flamburis**

Brigham & Women's Hospital  
Medicine

### **Emily Friedan**

Highland Hospital, Rochester, NY  
Family Practice

### **Kaihi Fung**

USC Medical Center, Los Angeles  
Surgery

### **Brett Gemlo**

University of California Hospitals,  
San Francisco  
Surgery

### **Michael Glafkides**

University Hospital-UC Medical Center,  
San Diego  
Surgery

### **Willie Goffney**

UCLA  
Surgery

### **David Goldman**

Tacoma Family Medicine,  
Tacoma, Washington  
Family Practice

### **Katherine Griem**

University of Chicago Hospital  
Medicine

### **Mary Gutierrez**

University of Texas Southwest Affiliated  
Hospitals, Dallas  
Otolaryngology

### **Jin Hahn**

Children's Hospital Medical Center  
Pediatrics

### **Gwen Halaas**

University of Minnesota Hospitals,  
Minneapolis  
Family Practice

### **Allan Hamilton**

Massachusetts General Hospital  
Surgery

### **Charles Hartness**

New England Deaconess Hospital  
Orthopedic Surgery

### **Vicki Heller**

Brigham & Women's Hospital  
Ob/Gyn

### **Tina Hendrix**

Walter Reed Army Medical Center,  
Washington, DC  
Emergency Medicine



**Michelle Holmes**  
Montefiore Hospital, The Bronx  
Social Medicine

**Karen Hsaio**  
University of California Hospitals,  
San Francisco  
Medicine

**Paul Hummel**  
Stanford University Hospital  
Anesthesia

**Robert Husson**  
Children's Hospital Medical Center  
Pediatrics

**Sharon Inokuchi**  
University of California Hospitals,  
San Francisco  
Medicine

**Mark Jasmine**  
North Carolina Memorial Hospital,  
Chapel Hill  
Orthopedic Surgery

**Robert Jayes**  
Presbyterian Hospital, New York  
Medicine

**Betty Johnson**  
Brigham & Women's Hospital  
Medicine

**Timothy Kaiser**  
Jewish Hospital, St. Louis  
Otolaryngology

**Donald Kamerer**  
BU Affiliated Hospitals  
Otolaryngology

**Paul Kamitsuka**  
Massachusetts General Hospital  
Medicine

**Beth Karlan**  
Yale-New Haven Medical Center  
Ob/Gyn

**Scott Karlan**  
Yale-New Haven Medical Center  
Surgery

**Sundeep Khosla**  
Massachusetts General Hospital  
Medicine

**Barry Knishkowsky**  
Case-Western Reserve University  
Hospital  
Family Practice

**Tamsin Knox**  
Yale-New Haven Medical Center  
Medicine

**Richard Kogan**  
McLean Hospital  
Psychiatry

**Tally Lassiter**  
University of Hawaii, Honolulu  
Orthopedic Surgery

**Thomas Lerner**  
Los Angeles County-Harbor UCLA,  
Torrance  
Pediatrics

**Benjamin Levine**  
Stanford University Hospital  
Medicine

**Bruce Liang**  
Hospital of the University of  
Pennsylvania, Philadelphia  
Medicine

**Robert Lopez**  
Nassau Hospital, Mineola, New York  
Ophthalmology

**Douglas Lowell**  
Rush-Presbyterian-St. Luke's, Chicago  
Surgery

**Lawrence Ma**  
UCLA  
Primary Care

**Charles Maletz**  
University Hospital-UC Medical Center,  
San Diego  
Family Practice

**David Mann**  
University of Washington Affiliated  
Hospitals (Boise), Seattle  
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**David Mark**  
Virginia Mason Hospital, Seattle  
Surgery

**John Martin**  
Lankenau Hospital, Philadelphia  
Ophthalmology

**Edward Maynard**  
Children's Hospital Medical Center  
Pediatrics

**Michael Mendelsohn**  
Brigham & Women's Hospital  
Medicine

**Klemens Meyer**  
New England Medical Center Hospital  
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University of San Antonio Teaching  
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**Kenneth Mitchell**  
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**Note:** *The Stresses of Medical School: A Smile Helps* by Lawrence K. Altman was reprinted in the Winter 1982 *Bulletin* by permission, © 1981 N.Y. Times Company.

## STUDENT FORUM

### A New Epidemic?

by Ned Elmer '83

**sympathopenia** (*sin'pə-tho-pe'ne-ə*)*n.*  
*A disease of physicians causing loss of those sympathetic, caring attributes needed to form an adequate doctor-patient bond.*

Recently, literature for both the medical profession and the general public is devoting more thought to that area of medicine known as the doctor-patient relationship. Almost without exception, these writings claim that the capacity of doctors to interact with and care for their patients is waning. Apparently physicians are suffering from a new epidemic of what might be called "sympathopenia"—the inability to show sympathy and compassion for patients.

What is known of this disease?

No doubt sympathopenia has afflicted physicians for many years, as the scathing works of George Bernard Shaw and the merciless drawings of George Woodward attest. However, if we are to believe authors such as Samuel Shem and Charles LeBaron, the prevalence of this illness is reaching astronomical levels. Medical schools are, it seems, mass-producing diagnostic machines that view patients as examples of physiology gone awry, with a characteristic constellation of "complaints," rather than as fellow humans pleading for relief from their suffering.

As with many diseases, the etiology and pathogenesis of sympathopenia eludes discovery. Theories abound. Some claim that time demands exceeding 120 hours per week and tremendous pressures to perform eliminate all vestiges of compassion in developing physicians. Yet there are certainly doctors who are under such stress and still manage to remain thoughtful and sympathetic. Others hold that the

concentration on basic science in the first half of medical school leads to an atrophy of social skills to treat the whole patient. Here, again, there are doctors who fail to fit the theory, since they are well versed in basic science but good at caring for people. All theories to date are flawed.

Sympathopenia is both a fashionable and a perilous disorder to diagnose. Some find it tempting to suspect sympathopenia in all their colleagues, believing their own judgment and compassion to be exemplary. On the other hand, the criteria for diagnosis are rather subjective, and eager diagnosticians of the disease can be badly burned when their own behavior with patients is scrutinized and found wanting. Dr. Roy Basch, the central character in *The House of God*, is an example of a physician who has symptoms of the disease and sees the symptoms in others.

Unusually sensitive observers of the human condition have accused entire medical specialties of having the disease. For example, who has not heard some skeptical colleague proclaim that surgeons can't care for the "whole" patient, because they cut people apart?

What is the treatment for the current plague of sympathopenia? Can the disease be prevented, cured, or only palliated? Do steroids help?

There are no definite answers to these questions, but two general statements can be made. First, there are as many new and fashionable forms of treatment for the illness as there are trendy clinicians eager to diagnose it. Some "remedies" have only their novelty to recommend them, which illustrates the current fallacy that "new" is "better." By this specious reasoning, the "new" size of a candy bar is implicitly "better," even though the manufacturer may have just halved the

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size of the bar and doubled the price, or the "new" formula for laundry detergent is "better," despite the fact that it costs more and leaves clothes dingier than when they went into the washer.

By the same token, skeptics who accuse the entire surgical profession of sympathopenia will go into transports of ecstasy at the novel thought of spending time in rural health care in Maine or in the far reaches of Tibet. They may confound the issue with the argument that getting outside one's everyday experience to achieve a new perspective offers some immunity to sympathopenia. However, they fail to mention that there are many doctors who are noted for their compassion and have never had to go to Upper Volta to acquire it.

Second, despite the fact that vogues for treating sympathopenia come and go more often than the seasons, there remain several remedies which have withstood the test of time. Strangely enough, these remedies can be derived by using just a bit of common sense, as the following few examples will illustrate:

*Imagine what it would be like to have a below-the-knee amputation, or to be a victim of the unremitting, hourly demands of a disease like ulcerative colitis. Don't be afraid to sympathize.*

1) *Try to understand what the patient is feeling.* Imagine what it would be like to have undergone a below-the-knee amputation, or to be a victim of the unremitting, hourly demands of a disease like ulcerative colitis. Don't be afraid to sympathize.

2) *Make eye contact.* Everyone

knows how annoying it is to encounter someone who refuses to make eye contact. By extension, imagine how frustrating it is for a patient when five or ten doctors enter the room on rounds and look only at the lesion, not at the patient who has it.

3) *Smile reassuringly,* without being saccharine. Hippocrates mentions the importance of this in his "Decorum." Clinicians who make a habit of practicing (2) and (3) will soon find that patients who don't even know them will begin to look for them in the crowd of doctors that enters the room each day on rounds and will smile back, thus establishing a silent, friendly routine.

4) *Listen to patients.* Frequently a patient will digress while answering a question, or start talking on a topic which may seem irrelevant to the present illness. When the physician is relaxed and willing to listen, information often comes to light which can provide a new and interesting insight on what concerns the patient, and doctor-patient understanding is improved.

5) *Never become smug or complacent.* Those who are unduly proud of their ability to interact with patients are tempted to label other doctors with the diagnosis of sympathopenia and may cease to examine themselves for symptoms of this insidious ailment. The best prevention is unsparing self-criticism.

The reader will have no trouble supplementing this list with other common-sense remedies from personal experience. When practiced assiduously, these simple treatments for sympathopenia are usually quite effective, and the prognosis is good. Whenever I become discouraged with my meager ability to comfort and reassure patients, I take heart from an experience I had not long ago as a medical student in surgery. One day, I entered the room of a patient I had never met before, introduced myself as a medical student, and proceeded to remove her sutures. We chatted happily for a few minutes, and, as I was leaving, she smiled and said, "You're the best doctor I've ever seen." I don't think I deserve or ever will deserve her compliment, but at least she gave me hope that, with constant vigilance, I can minimize the ravages of sympathopenia in my future career.

If we all give it a little careful thought, none of us should have to travel to Tibet to avoid this disease. □

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# Harvard Medical School at 200: A Rededication

**B**irthdays remind us that we exist in time, that we have a past and a future as well as a present. Harvard Medical's 200th birthday makes us realize that we are members of a social body with a life span larger than that of any individual human being. During the coming year, the School will celebrate its Bicentennial anniversary by reflecting on what it has been, is, and will become.

It is an occasion for memories. We recall the places, from the origins in Harvard Hall to the quadrangle on Tugo Circle. We see again the Bulfinch, the Thorndike, the courtyards between the wards at the old Brigham, the Beth Israel when it was almost new, the atrium in Children's. Do you remember the magnolias along Commonwealth Avenue, purple with flowers when the rest of the trees were still bare in the cool Boston spring? They still decorate the path between Vanderbilt Hall and the Mass. General.

We celebrate the ideas, the discoveries that members of the HMS community have contributed to medicine: ether anesthesia; the microbial origins of post-surgical infections; the concept of homeostasis; the identification of hitherto unrecognized chemical components of the body such as vitamin B-12, ATP, and coenzyme A; the development of a cell culture system that permitted *in vitro* culture of viruses leading ultimately to the polio vaccine.

But most of all we celebrate the people, from the first professors—Aaron Dexter, John Warren and Benjamin Waterhouse—through Holmes, Bowditch, Christian, Cushing, Edsall, Cannon, Minot, Zinsser, Cabot, Peabody, Churchill, Means, Blumgart, Albright, Weiss, and so many others. And, particularly, we remember those we knew when we were students, our professors and classmates who helped us to form ourselves as physicians. From these individuals we have inherited the traditions of Harvard medicine, and it is now our happy task to give this legacy to those who follow.

In 1982 the Harvard Medical School faces both great opportunities and some serious problems. The opportunities arise from the talent of the faculty and students who come here to learn in medicine, and from the remarkable discoveries that are being made in human biology. The problems are due to the gradual constriction in financial and physical resources available to support our programs of medical education and research. During the Bicentennial year, we will attempt to articulate the opportunities, the problems, and some paths toward solutions.

Medicine is changing rapidly and profoundly. The accelerating pace of scientific discovery begins to reveal the molecular and cellular basis of human biology—how nucleic

acids function as genes to carry information from generation to generation, direct the synthesis of proteins in the correct sequence to form cells, tissues, and organs, and also code for immunoglobulins that confer a unique chemical identity on each individual; how ions moving across membranes produce the electrical events that excite the heart and brain; how hormones and transmitters react with specific membrane or cytoplasmic receptors to turn on target cells; how sensory information is processed in the brain.

These discoveries and many more that we cannot foresee will produce a medicine in the year 2000 and beyond that will be more subtle and powerful than we can now imagine. To bring these insights to the benefit of the sick and suffering will require new ways of managing vast amounts of technical information, while the growing depth and breadth of medical knowledge will promote new organizational arrangements for the practice of medicine.

Economic constraints will produce different patterns of practice. Strong forces will press toward increasing the cost of medical care: more disorders will be treatable; new and expensive technologies will be developed; services will be extended to many who are now underserved. These pressures will elicit attempts to constrain costs by regulation and competition, and by disease prevention and health promotion.

The changes in medicine that time will bring pose a challenge to the educational programs of the School. How can students prepare to be able physicians in the twenty-first century? I am urging the Faculty to start demonstration projects that will provide new pathways to the M.D. degree at Harvard. Through these new pathways we will attempt to redefine in contemporary terms the essential elements of a general education for physicians, addressing the attributes of character, the learning skills, and the factual and conceptual knowledge that the Faculty expects all HMS graduates to share. Particular attention will be given to exploring ways in which the Faculty can be more helpful to students along the way.

But some parts of the work of physicians will not change. We will still minister to individuals who are not only sick but often afraid, anxious, and alone—requiring not only the insights of medical science but also an understanding of the human situation. The practice of medicine has always been, and always will be, a synthesis of learning and caring. The goal of the Harvard Medical School is to express this synthesis as creatively, broadly, and deeply as possible. Our 200th birthday provides an occasion for us to rededicate ourselves to that goal.

—Daniel C. Tosteson, Dean

# Eliot's Farewell Address

## May 1, 1909

*The following excerpts were taken from the Minutes of the Harvard University Medical Faculty Meeting, May 1, 1909:*

**Dr. Shattuck:** In the unavoidable absence of Professor Dwight, who would naturally be the spokesman of the Faculty, and who bade me express to you his respectful homage, it becomes my great privilege, Mr. President, a privilege which I owe to age rather than merit, to try to put into words the feelings of the Faculty of Medicine on this, the last meeting under your presidency.

You found a college modest in size and in aim, with a curriculum which had not materially changed for decades; you found schools of divini-

ty, law and medicine, each practically independent, together forming what was called a University, but really only such in name. Your farsight, your foresight, your patient persistency have welded these disconnected elements, as well as new Schools which owe their being largely to you, into a highly organized, harmonious, progressive whole, into a real University, a true leader in education, conservative in spirit, and yet elastic and openminded, ready to initiate or adopt such changes as are, or may be, demanded in these days of harnessed electricity, and of rapid growth of knowledge, of ever-widening human endeavor.

Like all the Medical Schools of this country, when you began your presidency the Harvard was a proprietary





school. Its professors were striving, under difficulties inherent in the times, to improve the School and medical education in general, for which the public at large felt small responsibility or interest, although they did want good doctors.

Under your leadership the Medical School became an integral part of the University. Two four months' courses of didactic lectures—hardy annuals—and three somewhat nominal years of medical study, usually under a preceptor, followed by an almost perfunctory examination, gave place as requirements for the M.D. degree to a graded course of three years of nine months each, then to an optional, finally to a required four years' course.

The Boylston Street building, ade-

quate as it seemed at the time for an indefinite period, was but a halfway house between the Grove Street building, always unsightly, and for years cramped and unsuitable, and this state-ly home, with an income which covers our most urgent needs at present. These, with the great increase in the number of the teachers and the encouragement offered to research, are among the "outward and visible signs of an inward and spiritual grace," which has permeated your life and stimulated those about you to do their part in the great cause of education and human progress.

Today, as never before, rich men anxious to promote the welfare of mankind are seeing that there is no long investment more safe, or more

sure to realize their ends, than the study of disease. On us and our successors rests the responsibility of steadily carrying on the work which you have had so vital a share in quickening and fostering, of keeping the Harvard Medical School in the forefront of the battle with disease. Should sloth creep on us, should narrowness of vein threaten, the memory of your life and example will spur and broaden us.

It seems not inappropriate for the Faculty of Medicine to paraphrase the words of St. Luke, the physician: All generations of Harvard men shall call thee blessed. *Ave sed non vale.*

#### Mr. Eliot responded as follows:

Gentlemen: I need not say that this is a surprise to me; but it is a welcome surprise—indeed a great delight.

It is a fact that ever since the year 1869, when I became president, the promotion of the welfare of the Medical School has been one of my keenest interests. That was not unnatural: for I was brought up as a student of Chemistry, and it was in the Medical School that I gave, when only twenty-two years of age, my first course of chemical lectures, as a substitute for Professor Cooke. The first chemical investigation in which I had part was an investigation carried on by Professor Cooke in his laboratory in the North Grove Street building.

The Medical School interested me from three points of view—first, all its work lay within the field of natural science; secondly, the purpose and object of its instruction were improvements in the conditions of human life, individual, family, industrial and social; and thirdly, its methods of in-

*Sometimes we think  
critically of the old  
Medical School as a  
private venture; and  
indeed it was an  
establishment in  
which the principal  
teachers had a small  
pecuniary interest:  
but this was not their  
main interest.*

struction were capable of indefinite improvement. Hence the work done for the Medical School has been, I think, on the whole, the most constructive part of my work.

Medical education has been seeking the causes or sources of disease, pestilence, and premature death; and this search for causes or sources has led, and ought to lead to extraordinary improvements in regard to the health, wealth, and happiness of mankind. The Medical School, if its methods could be improved and its resources increased, would not only train better practitioners, but would develop preventive medicine, a very promising increase of man's power over those forces of nature which work evil to man. Indeed, it interests me very much that now, as I go out of the presidency, the Faculty and the Corporation are proposing with unanimity and good hope to establish a chair of preventive medicine.

When I reflect that all of the persons now teaching in the Medical School—and some of them have been teaching zealously these many years—have been appointed since I became president, I realize how great a privilege I have enjoyed in my active service for forty years without any interruption; and when I look round this table I cannot help thinking of the many men who have taken vigorous part in the deliberations of this Faculty and are no longer here—I always like to testify that the revolution which took place in the Medical School in 1870-71 could not have been brought about without the efficient aid of Calvin Ellis. I like to remember the early services in the cause of medical progress of David W. Cheever, Henry Pickering Bowditch, Reginald Heber Fitz, Francis Minot, James C. White,

and of many younger men who are no longer members of this body.

I was glad that Dr. Shattuck spoke of some of the teachers in the former Medical School before 1870-71. Sometimes we think critically of the old Medical School as a private venture; and indeed it was an establishment in which the principal teachers had a small pecuniary interest in the days when it was possible for a medical school to have a divisible surplus: but this interest was not their main interest. They were men of public spirit who meant to promote medical education, and to make the Medical School successful by training in it a large number of skillful practitioners for the service of the community.

The older generations of medical teachers in Harvard University were actuated by many of the same motives which inspire their successors today, and I am glad to bear witness to that fact. Nevertheless, the younger generation has an additional motive. It means not only to educate practitioners, but to prepare young men for medical and surgical research. Medicine has long been, to my thinking, the most altruistic of the professions: but the profession has developed in recent times a second method of serving the people

greatly—the method of medical research.

The members of the medical profession, both those who are engaged in the actual treatment of sick and injured persons, and those who are studying the sources of disease and the modes in which diseases are transmitted and spread abroad are actuated by the desire to make the world a little wiser, safer, and happier because they have lived in it. This is the spirit in which this Faculty has worked, and is proposing to work. This is the source of the best satisfactions which my work has brought to me. This is the spirit of service and the joy in service, which are the chief elements in the effective religions of today.

It seems to me that the coming years have in them more possibilities of progress in medical education than any of the past years have had. They hold out new prospects of great success in the promotion of human happiness. You, gentlemen, will have the privilege of devoting to this sacred service many years of good work in medicine and in surgery.

Sometimes I think that the coming twenty years will see a marvelous progress in medicine, like that in surgery during the past twenty years. Hopeful signs and anticipation of new progress are visible in the recent achievements of chemistry, physiology, and biology. New masteries of vital processes are almost in clear view. Money is going to be poured out for the promotion of medicine, and especially of preventive medicine. I congratulate you, therefore, as members of this fortunate and strong body, on your prospects of happy, productive work.

I thank you from the bottom of my heart for this testimonial of respect and affection. □



# Minutes of the Meeting of the Faculty of Medicine

## October 21, 1981

The first meeting of the Faculty of Medicine for the academic year 1981-1982 was called to order by Dean Tosteson in the Sherman Auditorium of the Beth Israel Hospital at 4:00 P.M. About 90 members of the Faculty were present. The Dean formally acknowledged the hospitality of Dr. Mitchell Rabkin and his staff, stating that this meeting followed a new tradition of occasional meetings at affiliated teaching hospitals to facilitate the attendance of certain faculty members and to provide variety.

Dr. Tosteson welcomed President Bok to the meeting and invited him to discuss the changing relations which are taking place between research universities and the corporate community. In introducing President Bok, Dean Tosteson recalled that the Faculty of Medicine has been actively engaged in exploring new sources of funding for its activities, including mutually supportive relationships with industry. These include agreements with Monsanto, DuPont and other corporations. The MGH has also recently arrived at an agreement with the Hoechst Company. Considerable concern has arisen with respect to these issues and faculty discussion of them is planned during the course of the current year. The Dean felt that it would be of special value to hear President

Bok's views on the subject as these discussions begin.

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President Bok responded that this was a subject which had, indeed, interested him over the past few months, as new relationships with industry offer considerable potential for new contributions in the public interest which also may lend strength to universities. Important issues have also been raised by these developments which bear upon the quality and integrity of the academic environment. Accordingly, his remarks were intended to convey an overview of the situation and an outline of the important issues. He would also describe why he feels that the "attitude and cooperation of the Faculty" will be of central importance to the ability of the University to accommodate successfully to these new circumstances.

President Bok acknowledged that he had much to learn in this complex area and hoped that time would permit a discussion period. He also welcomed further discussions with the Faculty as a whole or with appropriate groups drawn from it. He felt that, in addition to the traditional consulting relationships, the most important possibi-

ties for relations between faculty members and industry could be grouped into four categories:

### **1. Industrial Associate Programs:**

These can be arranged between a department or a school and a number of firms, each one of which pays an entrance fee to gain access to information about scientific work in progress, including, perhaps, limited opportunities for consulting with faculty members. One such activity has recently been established in the Faculty of Public Health. President Bok considered these relationships to be potentially useful and to raise few problems as long as the Faculty is not saddled with undue burdens and as long as membership is open to all for a reasonable fee. Continuing Faculty oversight to deal with any problems which may emerge is advisable.

### **2. Programs to Encourage and Increase the Flow of Patents:**

In such programs early identification in pursuit of patentable discoveries is encouraged. New legislation in the past few years has greatly potentiated the possibilities for universities to patent discoveries arrived at under federally financed research projects. In many universities offices have been set up to pursue these possibilities aggressively, and specific arrangements for the dis-

tribution of royalties have been reached. They allow for sharing of the proceeds between the inventor and the institution.

President Bok sees nothing inherently contrary to the public interest in such arrangements. It is easy to overrate the financial rewards which can be expected from such patents, however. In fact, the record with respect to substantial financial returns is poor. A usual rule of thumb is that, for every thousand initial disclosures, one hundred patent applications emerge from which ten patents are achieved; and of these only one will make more than \$25,000 or \$30,000 a year. The Wisconsin Foundation is often mentioned in this connection, but in fact its successful patents are almost entirely old ones. Thus most universities find that this activity is barely paying for expenses. It may be that new "development companies" established by single universities or university consortia in order to develop new ideas to a stage of attractiveness which will attract commercial cooperation may have a place. Many feel that the "the big gap" in developing new research ideas for public application occurs in the very early stages of their translation toward the commercial sector.

**3. Bilateral Agreements with Individual Firms:** These agreements, such as the ones with Monsanto and DuPont, have appeared promising and interesting. Significant sums of money are involved. The president has been concerned by the appearance of repeated implications, especially in the more liberal press, that universities are somehow striking a kind of "Faustian bargain" in these arrangements which will subvert their objectives toward those of industry. He has not yet been able to translate these fears into specific issues.

In the long run, it is clear that such



*President Derek C. Bok*

arrangements can be extremely helpful in solving financial problems during periods of restricted federal financing. It also seems clear that flexibility of objectives and freedom of action are more likely to be retained in an atmosphere in which multiple funding sources exist. President Bok expects to participate in a university conference that includes some five institutions this spring. At this time principles will be

sought which could serve as helpful guides in delineating sound practices when arrangements such as these are being established.

Among the principles which will probably be considered will be such questions as the following: Should all such agreements be made public? Should preferred treatment for the industrial sponsor be limited only to that part of the University with which



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the specific agreement has been made? Should full rights of disclosure be insisted upon? Should a full right to sublicense discoveries be retained if the company concerned is dilatory in bringing a product to the marketplace?

**4. The Establishment of New Firms Involving Faculty or University Participation:** President Bok recalled that last year the University had to consider the acceptance of a substantial gift of stock in a new company in which its own scientists were prominently involved. It was finally decided that this would have been an inappropriate step to take. The reasons for this have been spelled out in detail in his annual report of last year. Even though the University's policy regarding participation remains unchanged, he felt that careful and continuing thought should be given to potential problems which can develop if individual members of the Faculty are involved as participants in firms in which they have equity ownership. This relationship is quite different, at least in degree, from that involved in consulting.

The new arrangements present two particularly critical features. The first is that not only are discussion and consultation involved but actual management decisions, including the establishment, staffing and structuring of new enterprises. Such responsibilities can be extraordinarily time-consuming and absorbing. An equity ownership relationship must, therefore, raise special questions as to its compatibility with traditional academic responsibilities and academic values.

The second feature involves the distinction between receiving a flat fee for a consulting relationship and actually having an "equity state" in an enterprise in which the future may depend heavily upon the quality of its scientific work. Under these circumstances the work of the faculty

member, or his colleagues in the University, may have a direct influence upon the success of the corporate enterprise in which the faculty member holds a financial share. From this a new set of temptations and difficulties can arise in which one has to ask, "What am I doing to make money versus what am I doing academically?" This dilemma has not existed in the past, at least not to the same degree.

Some of the dangers from these tensions include excessive diversion of time and effort away from the traditional academic objectives of basic research and teaching toward objectives which have to do with the success of a business enterprise. Other dangers include the possibility that the educational environment of graduate students can be adversely affected and that such students may even be assigned to commercially appropriate research projects rather than to projects which might have a richer educational value. Furthermore, the possibility that University facilities could be used for commercial purposes rather than for traditional academic work would also be present in a subtle or even an obvious form. Funds from federal grants could be diverted toward commercial purposes and excessive secrecy in research activities could easily emerge. Accordingly, it is clear that there are possibilities in this area

for the corruption of the academic enterprise.

A great deal of attention will be paid to concerns of this kind in the near future. The conference which President Bok expects to attend this spring will be one such arena, but he is also aware of other work which is now going on in the Quadrangle and at the MGH to examine these concerns. He thinks that the Medical School should review its own rules regarding the use of space, the assignment of graduate students, and the question of whether faculty members should be allowed to assume executive responsibility in outside firms. A similar review has been taking place in the Faculty of Arts and Sciences.

It should be recognized, however, that the situation is too complex to be dealt with by rules alone and that the enforcement of rules could easily result in an excessive bureaucracy. In the end, the nature of our commitment as faculty members to teaching and research in an academic setting will be the most important determinant of the future of the academic enterprise. The freedom and flexibility now afforded by our "community of scholars" depends upon the personal commitment of each member. The University is *not* a strictly hierarchical system in which rigid rules can be promulgated and enforced from the top. Indeed, to institute such a system would be to defeat some of its most precious objectives. In this challenge, as in few others in recent times, the real commitment of academic people to the principles of university life may be tested. President Bok hopes that we can proceed to explore new relationships with industry in an active and positive fashion while remaining extremely cautious about any move which might subvert precious academic values and standards. □

# Oliver Wendell Holmes, H.M.S. '36

*Modified from an address to the Boston Surgical Society, 15 December 1980*

by Richard Warren

"No man makes a quarrel with me over the counterpane that covers a mother with her newborn infant at her breast."

Thus Oliver Wendell Holmes responded to the criticism of his report on the contagiousness of puerperal fever. In 1843, at the age of thirty-four, he published that landmark work wherein with cases and written reports he documented the horrifying truth that obstetricians, even professors and midwives, could not accept the personal responsibility for the death of young mothers.

Those few words reveal Holmes as a person, his dedication as a member of our profession, his facility at phrase-making—often to the extent of ostentation—and his propensity to avoid angry confrontation. He was one of the great physicians and literary figures of the last century. All of us are his beneficiaries.

Oliver Wendell Holmes was born in 1809 in Cambridge in what he referred to as the "Old Gambreled Roofed House" on the site of the present Littauer Center. ("Gambrel" means a stick that is crooked like a hind leg of a horse; the modern word

is mansard.) Holmes died in 1884 in his house on Beacon Street in Boston.

His life brackets the days of silk stockings, knee britches and cocked hats to the invention of the automobile—from therapeutic phlebotomy to asepsis. As a small boy he was punished for taking his younger brother to the last public hanging in Cambridge. He was vaccinated by Benjamin Waterhouse, who had introduced "Jennerism" into the United States. He went to school in Cambridgeport when it was still on salt water. He went to Andover for a year before Harvard, where he graduated in 1829.

After a year at law school Holmes decided on medicine. He had two years of preceptorship under James Jackson, then two years in Paris where he was as absorbed in his work as any medical or surgical resident of the twentieth century. He steadfastly resisted appeals to write poetry, appeals that stemmed from the popularity of "Old Ironsides," which he had written while still at law school.

He returned home in 1836 to receive his Harvard Medical degree and to set up practice. But literary pressures on him increased. He accepted Harvard's invitation to write the Phi Beta Kappa poem, committed it to memory and held his audience spellbound for the hour and ten minutes needed to accomplish this feat.

Let us talk with him for a while or, rather, listen, for—as will appear—

*Richard Warren '34 is Professor Emeritus at HMS and a member of the editorial board of the Alumni Bulletin.*



conversations with O.W.H. tended to be one-sided:

His return to authorship he referred to as the response to an addiction for which he used the term "lead poisoning." He likened it to the old French adage, "Qui a bu, boira." Later he called this addiction "Cacoethes scribendi," the itch to write, a term usually attributed to Juvenal. Like all addictions it led to over-indulgence. As he grew older his wife said plaintively that she "wished Wendell wouldn't publish anything more." He responded with a jingle, "Why won't he stop writing, humanity cries/The answer is briefly, he can't if he tries."

As with most literary addictions, many of his pieces cannot be considered literature. His remembered poems are "The Chambered Nautilus," "The Deacon's Masterpiece: or the Wonderful 'One-Horse-Shay'," "The Last Leaf" and, of course, "Old Ironsides." His prose works of substance are only "The Autocrat at the Breakfast Table" and a few of his essays, particularly that on Emerson. His plea for the recognition of the contagiousness of childbed fever and his diatribes against quackery are not literature. Their message is professional and their content more important than their form.

His prose style comes over as conversation transferred to paper, a maneuver that is death to most exposition but not to his. What a wonderful talker he must have been! He advocated conversation as a step toward writing: "Talk to me is only spading up the ground for crops of thought." As Emerson wrote of Montaigne, so Morse characterized Holmes' style: "Cut these words and they would bleed."

In an obituary of Holmes, the *Lancet* referred to the beneficial effect the discipline of medicine can have on the style of the writer. The thought was echoed at a meeting of the Massachusetts Medical Society a few days after Holmes' death. "Fortunate for Holmes were his practice and his lectures for thirty-five years. It gave him promptness, accountability, resolution, touch with the world that widened his observations and sympathy."

Despite the conversational quality of his style, Holmes was keenly aware of the traditional ingredients of successful writing. "Like everything tolerable I ever wrote, it was conceived in exultation and brought forth in pain and labor." "Certain things are good



for nothing until they have been kept a long while and some are good for nothing until they have been kept and used. . . . There are no less than fifty-eight pieces in a violin. These pieces are strangers to each other. It takes a century more or less to make them thoroughly acquainted." He considered that as sap has to get out of the wood, so it is with the lines of a poem. They must lose their sap before they are mature.

He spoke of the brotherhood of authors. He asked his friend James Freeman Clark to help him with his essay on Emerson but didn't apologize for doing so because he, himself, had "now and then helped out a friend, nay, a stranger with a blank page before him and a Publisher's demon behind him."

A damaging part of his addiction was the compulsion to indulge in word play. He was aware of this failing and wrote, "Life and language are both sacred. Homicide and verbicide are alike forbidden." He partially excused himself on the basis of the well known mania of the Elizabethans, including Queen Elizabeth herself, for punning. "Ye be burly, my Lord Burleigh, but Ye will make less stir in our realm than my Lord of Leicester."

Perhaps "verbicide" passes muster. When his birthplace in Cambridge was razed to make room for the "great stoney foot of the University," he called it "justifiable domicile." And he coined or made popular certain expressions that have become part of our

*Oliver Wendell Holmes' birthplace, Cambridge, Massachusetts*



*O.W.H. in 1842*





O.W.H.'s last lecture, 28 November 1882

language. The term “anesthesia” for the state of unconsciousness produced by ether was his suggestion. His wide reading had introduced him to it in a different context—an insensibility to objects of touch.

It was Holmes who characterized the Boston State House as the “Hub of the Solar System.” He was a charter member of the editorial board of the *Atlantic Monthly*, which he named. One of his most memorable contributions was his identification of the “Brahmin caste of New England. . . . This is the harmless, inoffensive, untitled aristocracy. . . . Their names are always on some college catalogue or other. They break out every generation or two in some learned labor which calls them up after they seem to have died.”

Mark Howe characterized Holmes

as an “inveterate playboy with words” and, therefore, it is not surprising that he would fall off the sled at inappropriate times. When he opened his practice of medicine he announced “the smallest fevers are thankfully received.” For obvious reasons this did him no good.

He had little patience with writing that was not lively. For example, he cited two translations on “*Doma tota inflammata erat*.”: “The whole house was on fire” and “The entire edifice was wrapped in flames.” Holmes noted that people preferred “the Bernini drapery of Emerson’s version [the second] to the simple nudity of the other rendering [provided by an unnamed person].”

Holmes did not spare editors and their depredations on authors’ efforts: “A misprint kills a sensitive author. An



intentional change of text murders him. No wonder so many poets die young!" He also had some barbs for reviewers. "If one has ever seen a sagacious pointer making the acquaintance of a box-tortoise, he will have an idea of the relations of the reviewer and the reviewed."

Of a reporter interviewing an author, he queried, "Did you ever see an oyster opened? . . . An interviewer's business is the same thing. His man is an oyster which he, not with the sword, but with a pencil and notebook must open. Mark how the oysterman's thin blade insinuates itself—how gently at first, how strenuously when once fairly between the shells."

He was greatly devoted to books and libraries. "I like books—I was born and bred among them and have the easy feeling when I get into their presence that a stable boy has among horses." He was an omnivorous reader, although admitted that he often did not finish books but would read *in* them rather than *through* them. On old books: "Many books remind us of apostolic looking old men who figure on the platform at our assemblages. . . . They look wise whether they are or not and no one grudges them their place of honor."

In 1878, at the opening of the Boston Medical Library, of which he was president, Holmes paid homage to earlier medical writers. "There is a dead medical literature and a live one. The dead is not all ancient and the live is not all modern." And his description of a librarian: "Every good librarian . . . finds he has a bunch of nerves going to every bookcase, a bunch to every shelf and a twig to every book."

His literary talents and energy created a public image of a great man of letters. People knew that he was a doctor but applied the term to him as a mark of affection rather than in recognition of the great physician that he was. He was in private practice for many years. His ability as a teacher drew him inexorably into the academic life. He was Professor of Anatomy first at Dartmouth in 1839-1840 and then at Harvard in 1847, where for the next thirty-five years his lecture hall was crowded. He was Dean of Harvard Medical School from 1847-1853.

When literature and academic medicine claimed him, medical practice lost a sympathetic and human devotee. Medical practice had given him abundant insights. He subscribed to the philosophy of his teacher James



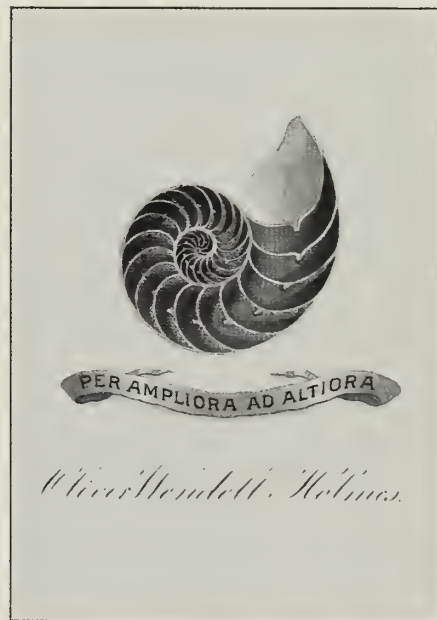
*O. W. H. at age 81, Prides Crossing, Massachusetts*

Jackson that the care of the patient could be as important as the cure. He assured young doctors that a patient wants relief first, not an exact diagnosis. "An old woman who knows how to make a poultice and how to put it on, and does it tuto, cito, jucunde, just when and where it is wanted, is better—a thousand times better in many cases—than a staring pathologist who explores and thumps and doubts and guesses, and tells his patient he will be better tomorrow and so goes home to thumb his books over and make out a diagnosis."

Broadly compassionate, he wrote of malefactors, "It is such a sad thing to be born a sneaking fellow, so much worse than to inherit a hump back or a couple of club feet, that I sometimes feel as if we ought to love the crippled souls, if I may use this expression, with a certain tenderness which we need not waste on noble natures." "For the great procession of the unloved, Alas for those who never sing, but die with all their music in them. . . somewhere—somewhere—love is in store for them."

He was not always consistent. His recommendation for handling the inquisitive patient was to use vague expressions such as "portal congestion" or "spinal irritation." "Your patient has no more right to all the truths you know than he has to all the medicines in your saddle bags." Times have certainly changed.

Yet he advised the graduating class at Bellevue Hospital College to listen to a voluble patient with ideas. "It does [the patient] a deal of good and you feel as if you had earned your money



*The Chambered Nautilus (O. W. H.'s bookplate)*



*"O.W.H. fecit!" Oliver Wendell Holmes, Jr., photographed by Oliver Wendell Holmes, Sr. (By permission of the Houghton Library, Harvard University)*

by the dose you have taken, quite as honestly as by any dose you may have ordered." "I have three principles: 1) not to take authority when I can have facts, 2) not to guess when I can know, 3) not to think a man must take a physic because he is sick."

His years in medical practice equipped him to suggest practical guidelines: "To get a business, a man must really want it. . . The community soon finds out whether you are in earnest and really mean business, or whether you are one of those diplomaed dilettanti who like the amusement of quasi medical studies but have no idea of wasting their precious time putting their knowledge in practice for the benefit of their suffering fellow creatures." "I warn you against all ambitious aspirations outside your profession." "Go for the swell-fronts and the south-exposure houses."

He placed temperance first upon the list but recalled what a man of Irish origin said to him: "I like him best when he is a little 'that way'; then I can spake to him." As a formula for a successful medical career he pointed out the advantage of marrying a wife without money and used James Jackson as an example: "He married a lady blessed with many gifts but not bringing a fortune to paralyze his industry."

Medical education was a lifelong interest. He recognized the need for basic sciences and although he opposed radical new arrangements at first, he very soon supported the curricular changes of Eliot in 1870, against the objections of the Medical School establishment.

He emphasized that "the proper habits of acquiring knowledge which are better than any quantity of ill-packaged knowledge itself. . . is well remarked by Zoroaster." He reassured the medical student not to worry about forgetting the facts that he had learned. "There is a perpetual metempsychosis of thought and the knowledge of today finds a soil in the forgotten facts of yesterday." He referred to forgotten learning as "guano around your roots."

In the field of preventive medicine his insights were well ahead of his time. The contagiousness of childbed fever is, of course, the prime example. But there were others. He bewailed that "nearly seventeen hundred children under five years of age died last year in this city and that every other resi-

dent adult you meet on these streets is or will be more or less tuberculous." On inflammable children's clothing: "Children that walk in calico before open fires are not always burned to death; the instances to the contrary may be worth recording; but by no means if they are to be used as arguments against woolen frocks and high fenders."

Holmes was, with some ambivalence, a proponent of women in medicine. In medical essays he wrote, "Anne Moore was the precursor of that intrepid sisterhood whose cause it has long been my privilege to advocate." Again, "I, myself, followed the course of lectures given by the young Madame LaChapelle in Paris and if here and there an intrepid woman insists on taking by storm the fortress of medical education, I would have the gate flung open to her as if it were of the citadel of Orleans and she were Joan of Arc returning from the field of victory." Was this statement more ostentatious than sincere?

As Dean of Harvard Medical School he had supported the application of Harriet Hunt for admission; but when other members of her class objected, he did not press the support and she was not admitted. Did he try hard enough? Cheever said of him, "His kindly nature inclined him to the claims of the other sex, but he voted with the majority for prudential reasons." According to Dwight, the anatomist, Holmes "inclined to the losing side," but Dwight did not "remember that he ever showed enthusiasm in the case." He had been willing to teach women anatomy but insisted on separate dissecting rooms.

In many areas he was accused of not pushing hard enough on behalf of good causes. But it must be remembered that when he returned from Paris in 1835, Boston was bubbling with causes—pacifists, suffragists, teetotalitarians, spiritualists. As Lowell wrote, "Everyone had a mission to attend to everybody else's business." Anti-slavery causes are the notable example. Holmes joined and developed none. Lowell criticized him for his noninvolvement, particularly with respect to the Mexican war and slavery.

His noninvolvement may be explained, and perhaps excused, by two influences. The first was his reaction to his childhood upbringing in the family of a Calvinist minister. He loved his parents but inveighed against



Calvinism and all that went with it. He spoke of ministers as “diabolizing the deity” and “hunting sinners with a pack of demons for the amusement of the Lord.” He referred to one minister who “had a twist in his mouth that knocked the benediction out of shape.” Again: “Now and then would come along a clerical visitor with a sad face and a wailing voice which sounded as if someone was lying dead upstairs.”

It has been said that the “Deacon’s Masterpiece” was inspired by anti-Calvinism and that the one-hoss-shay represented the corpus of that institution which to him was beginning to decay. His year at Phillips Academy at Andover, where he was sent before college to be indoctrinated in Calvinist principles, must have been an unhappy one since he refers to the school as “that ironbound seminary.”

He reacted against the righteousness of the abolitionists. Lowell accused him of being soft on slavery. But when the issue was joined, and the war came, he was intensely patriotic to the North and eloquent in support both in prose and verse.

The other explanation of his failure to join reform movements lies in his own personality. He could take things profoundly seriously but not without exercising his wit, often to the point of inappropriate levity. Joining a group of activists would have fenced him in. “I shall always be pleased rather to show what is beautiful in life around me than be pitching into giant vices against which the acrid pulpit and the corrosive newspapers will always anticipate the gentle poet.” Of committees he wrote, “I hate being officially and necessarily in the presence of men, most of whom, either from excessive zeal in the good cause or from constitutional obtuseness, are incapable of being bored. . . .” Arrogant? I think so.

Arrogance is a cousin of vanity, a quality he certainly had. He was short of stature, only five-foot-three, and was possessed of the cockiness that is said to be characteristic of some who enjoy that stature. Horatio Rogers in his masterly review of Tilton’s biography (*Harvard Medical Alumni Bulletin*, 1947) referred to it as the “bantam complex.” Holmes made the statement: “It is a good rule for the actor who manages the popular street drama of Punch not to let the audience of spectators see his legs.” But as Morse, his biographer, says, “No writer ever exposed his legs more



audaciously, untiringly than did the good doctor.”

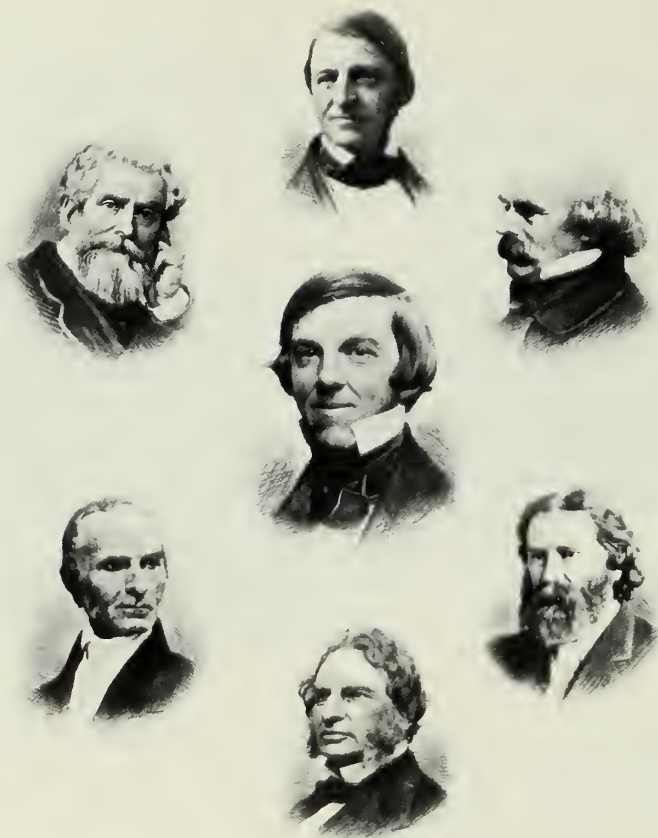
Holmes confessed that he was inclined to shun thoroughness. In addition to his preference for reading *in* books rather than through them, he said that he was not a man of science. “I cannot express the loathing with which my mind turns away from a subject that it has got enough of. I like nine-tenths of any matter I study, but I do not like to lick the plate.”

In two areas he did crusade in no uncertain terms. These, although fiercely righteous and eloquently presented, were one-man enterprises. The first was the contagiousness of childbed fever. The industry, scholarship and determination with which he developed the indictment were monumental. But paradoxically, he was later accused of not pushing hard enough. When the eloquent and seemingly incontestable logic of his essay was not only contested but repudiated by two Philadelphia obstetricians, his reply was merely to repeat gently but firmly the facts he had marshalled. He said, “I take no offence and attempt no retort,” and followed with, “No man makes a quarrel with me over the counterpane that covers a mother with her newborn infant at her breast.”

Neither the medical forums nor the literature existed then to the extent they do now. He would not quarrel over the counterpane, and as a result he has had more recognition for his support of this cause in later years than he received from his contemporaries.

He crusaded vehemently against quackery. Witness his essay “On

*O.W.H., Oarsman, left foreground (Ballou's Pictorial, 20 June 1857, reprinted from The Mystic Seaport Log, Spring 1980, “Early Days of Rowing Sport” by John Gardner)*



*The Saturday Club, clockwise from top: Ralph Waldo Emerson, John Lothrop Motley, Nathaniel Hawthorne, John Greenleaf Whittier, James Russell Lowell and Henry Wadsworth Longfellow. Oliver Wendell Holmes, center. (Reprinted from Life and Letters of Oliver Wendell Holmes, by John T. Morse, Jr.)*

Homeopathy and Kindred Delusions": "It may be thought that a direct attack upon the pretensions of homeopathy is an uncalled-for aggression upon an unoffending doctrine and its peaceful advocates"; but, since the homeopaths rallying under the movement first broadcast by the German physician Hahnemann in 1796 spared no efforts to assume a "hostile position with respect to the medical profession, statements in self-defense were in order."

He unceasingly deplored the overuse of medicines and drugs. "If a shipload of miscellaneous drugs, with certain very important exceptions, could be sunk to the bottom of the sea, it would be all the better for mankind and all the worse for the fishes."

Holmes recognized that very few of the medicines of the time were of use. "So long as the body is affected through the mind, no audacious device, even of the most manifest dishonest character can fail of producing occasional good to those who yielded an implicit or even a partial faith." "A man who has paid twenty-five dollars for his whistle is apt to blow it longer and louder than other people."

Throughout his life he wrote often on the subject of old age. "The Last

Leaf" was written when he was twenty-four years old. In the "Autocrat" he talks about not being "able to get the nouns to come forward," about "freezing wits," about the sad picture of "the great scholar wandering without sense of time or place among his alcoves, taking out his books one by one from the shelves and fondly patting them."

He wrote to Whittier, "You and I now are no longer on a raft but on a spar . . . perhaps the fault is not so much in lat. 42 as in aet. 82." But he had some reassuring remarks: "Nature has her anodynes and old age carries one of them in his pocket. It is some kind of narcotic—it dulls our sensibility . . . and in lightening many of our responsibilities rids us of many of our worries." (This was written at the age of eighty). Elsewhere he wrote, "Men, like peaches and pears, grow sweet a little before they begin to decay." But always happiest when he could be convivial, at a class reunion he wrote, "Old time is a liar. We are twenty tonight."

He was a pioneer in photography, in microscopy, a booster of physical exercise and as a single sculler used to cover all the Back Bay, the Mystic River and the harbor. He moored his boat at the foot of the Boston Common. He was a tree enthusiast who carried a tape measure in his pocket to document tree size. He was a leader and the longest survivor of the original members of the illustrious Saturday Club.

Because of some of the characteristics I have mentioned, his cockiness, his omnipresence in any gathering and the indifferent quality of much of his literary work, he seemed to lose popularity not long after his death. But he haunts Boston today as the most understandable and alive personality of our nineteenth century medical ancestry.

It has been inferred, though never positively proven, that Conan Doyle named his immortal detective Sherlock Holmes after Oliver Wendell. Doyle referred to O.W.H. as "one of my spiritual and literary godfathers." His hope to meet the autocrat in person was denied, for his first trip to this country did not occur until 1894, the year of Holmes' death. Doyle arrived in Boston only in time to lay a wreath on his hero's "newly turned" grave at Mount Auburn Cemetery. □

*The help of the Rare Books Section of the Boston Medical Library is gratefully acknowledged.*



# Calvin Ellis

## *The Forgotten Dean*

by Elin L. Wolfe

In December of 1907 Charles William Eliot, nearing the end of his forty-year term as president of Harvard University, wrote in a reminiscent vein to Dr. Reginald Heber Fitz about his retirement from Harvard Medical School. Looking back on their long and full careers at Harvard, Eliot acknowledged the part he had played in changing the course of the Medical School but was quick to point also to the assistance he had been given:

I know that the change in medical education which began in 1870 was, as you say, due to my initiation; but I have the most vivid sense of the fact that then, and ever since, a large number of men have cooperated to make the change effective and successful. At the early stages of the revolution, there was one man in particular whose support of the new plans was indispensable, and very effective—I mean Dr. Calvin Ellis, Dean of the Medical School. He was a very modest and retiring man who did not always speak as clearly as he thought.

Nevertheless, without him, in my opinion, the new methods would not have been adopted when they were, and would not have been so prompt a success. His services have never seemed to me to have the recognition that they deserved.<sup>1</sup>

Although there were many tributes and memorials to Calvin Ellis immediately following his death, the former dean was all but forgotten by the time Eliot sent the above letter to Fitz. Indeed, only a year before, a golden opportunity had occurred to record his service among Harvard's many contributors and innovators. Nevertheless, when the splendid new buildings of the Medical School on Longwood Avenue were dedicated in the autumn of 1906, Calvin Ellis' name was not among those evoked during the ceremonies, nor was it everlastingly carved upon any of the five marble structures.

Now, more than one-hundred years after the adoption of the reforms of

the 1870's, documents preserved in the archival collections at Countway and Pusey Libraries provide a contemporary record of the former dean's part in the controversy.<sup>2</sup> The materials not only give a more intimate view of this shy, self-effacing man; they allow, at last, an assessment of his role in shaping the form and substance of the Medical School and an opportunity to accord him the recognition that, in the eyes of President Eliot, he so richly deserved.

Calvin Ellis was born in Boston on August 15, 1826, and died there on December 14, 1883.<sup>3</sup> The son of a prominent iron merchant, he was a

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*Elin L. Wolfe, a librarian and editor, has been engaged in archival work for many years. She is presently collaborating with A. Clifford Barger '43A and Saul Benison on a multi-volume book about Walter Bradford Cannon.*



*Calvin Ellis*

lineal descendant in the seventh generation of the men who founded the town of Dedham, Massachusetts, in 1634. All of his ancestors were noted for their intellect and high character. There can be little doubt that he was a most worthy descendant, especially in his views on the importance of

work, his love of letters, and his firm religious convictions.

As a youth Ellis was educated at Chauncey Hall and Harvard College; like many of his contemporaries, his undergraduate academic record was not particularly distinguished. When he entered Harvard Medical School in

1846, however, he discovered a new world. He later said of himself that he first awoke to the full meaning of life when he began the study of medicine. Almost immediately, Ellis won the attention of his teachers by his diligence and marked proficiency. He continued to display these attributes when he served in 1849 as resident pupil at the Massachusetts General Hospital and eventually developed them into traits that endeared him to his patients, colleagues and students throughout his life.

After taking his medical degree in 1850, Ellis spent two years abroad in French and German hospitals, where he devoted the greater part of his time to the study of clinical medicine, morbid anatomy and pathology. Upon his return to Boston, he became assistant to J.B.S. Jackson, Professor of Pathological Anatomy at Harvard, and served at the same time as admitting physician and pathologist at the MGH.

After more than ten years of active teaching and research, Ellis' star began to rise. In 1863, he was made Assistant Professor of the Theory and Practice of Medicine. Two years later, he received joint appointments as Adjunct Professor of Clinical Medicine at Harvard and Visiting Physician to the MGH. In 1867, when Henry Ingersoll Bowditch resigned from the Jackson Professorship of Clinical Medicine, Ellis succeeded to his chair.

In addition to his various duties, Ellis also served as Dean of the Medical School from 1869 to 1883.<sup>4</sup> He was a member of the Massachusetts Medical Society from 1850, and of a number of other medical associations, and was a Fellow of the American Academy of Arts and Sciences. While Ellis was not



*Ellis stated that medical education at Harvard was astonishingly poor—that it was, in fact, little more than a series of false starts, sudden stoppages, and frequent repetitions.*

a prolific writer, he nevertheless contributed a number of valuable papers to various journals, and at the time of his death was engaged in writing a book on symptomatology which he left unfinished. Such, in brief, is the outline of Calvin Ellis' official career.<sup>5</sup>

Ellis never married. The fruits of his life were those born of his career as teacher and physician. In his time, he was considered one of the great teachers of medicine at Harvard, instructing generations of students in his own cautious method for making accurate diagnoses. In the late 1860's, Ellis established the first histological laboratory at Harvard Medical School, using his own money for the purchase of microscopes and exercising a general supervision over the work. An alumnus later described the laboratory, where five or ten men tried to learn what they could of histology, as "situated in the little basement-room just to the left of the front steps of the old building on North Grove Street."<sup>6</sup>

Much has been written on Charles W. Eliot's reforms in medical education at Harvard. Actually, attempts to dislodge the well entrenched system of proprietary instruction at the Medical School had been made prior to Eliot's incumbency in 1869. Most of these, however, were easily deflected by a powerful opposition led by Henry Jacob Bigelow, Professor of Surgery, who at that time controlled the whole of the school. Early in 1869, when a new dean was needed to replace George C. Shattuck, Calvin Ellis was made Dean of the Medical Faculty through the efforts of Bigelow, who acted under serious misapprehension concerning Ellis' quality. Bigelow thought Ellis a dull man, one who

could keep the records of the students, get out announcements and advertisements, and deal with petitions and complaints. "In short," Bigelow said frankly, "he can do the work of a dean, which is chiefly clerical and mechanical."<sup>7</sup>

It might be said that the revolution at Harvard Medical School began when Eliot attended his first Medical Faculty meeting as President of the University. The presidents who preceded him, mainly clergymen, had never attended Medical School meetings. Bigelow was distinctly surprised and discomfited when he walked into the room and saw Eliot in the chair. His anger increased when Eliot, aided by some of the younger men, and in particular by his former classmate James Clarke White, then Adjunct Professor of Chemistry, began to suggest changes in the policies and programs of the school. Although Dean Ellis was privately in favor of many of the changes, he initially was timid in expressing his support and even advised his friend White to restrain his zeal. "They will surely take off your head," he warned.<sup>8</sup>

There was wisdom in Ellis' advice, for many members of the Medical Faculty sided with Bigelow—not merely because they owed their positions to him, but moreover in support of the status quo which assured them good incomes as practitioners and teachers. Before long, the faculty split into two factions, one intensely conservative, the other dedicated to reform, and feelings ran high for a period of two years. In January of 1871, the tide turned when Ellis decided to throw his support behind one of White's continuing resolutions calling for change.

To the amazement of Bigelow and his supporters, the dean stated that, in his opinion, the present system of medical education at Harvard was astonishingly poor—that it was, in fact, little more than a series of false starts, sudden stoppages, and frequent repetitions. He suggested that this situation could be corrected if all recitations and lectures were blended together into a systematic course of instruction which would follow a regular progression from beginning to end. Naturally, any student taking such a course of study must pass all its examinations before graduation.<sup>9</sup> A number of special meetings were then held to discuss the new scheme (later known as The Harvard Plan) and each member of the Medical Faculty prepared a written report expressing his views.<sup>10</sup> In the end, Ellis, White, Jackson and Cheever favored the changes while Bigelow, Holmes and Hodges opposed.

Matters could not go forward, however, until the governing boards of the University had passed upon the plan. Members of the Harvard Corporation also were divided and took sides, influenced largely by their personal relations with various men on the Medical Faculty. The Professor of Surgery—a man of quick wit, picturesque language, and great personal influence—fought particularly hard. He went to all the members of the Board of Overseers and told them that this new young president was going to wreck Harvard Medical School.

If the revolutionary reconstructions were permitted, the good doctor predicted, the school would cease to exist in a year or two. "He actually proposes," Bigelow said of Eliot, "to have

*What Bigelow had not seen in Ellis was a strong backbone and persistent sense of duty that obliged him to side with those who were open to suggestion and change.*

written examinations for the degree of Doctor of Medicine. I had to tell him that he knew nothing about the quality of the Harvard medical students; more than half of them can barely write. Of course they can't pass written examinations."<sup>11</sup>

During the course of three meetings the Overseers debated the issue until one of those unexpected events occurred which so often decide important matters. The President of the Board, Charles Francis Adams, Sr., who had not hitherto expressed an opinion, testified concerning a young graduate of Harvard Medical School, practicing in his home town of Quincy, who had within a short time killed three men by overdoses of morphine. "If this is the type of physician the School is graduating," said Adams, "it seems to me that it is high time to reform the Harvard Medical School."<sup>12</sup> The new plan was thereupon adopted and put into effect in 1871-72.

After two years had passed, President Eliot noted that it would take many more years to demonstrate the full effect of the changes in medical education, "so slow of growth are the most specious fruits of good training." In the meantime, he was pleased to report, "the Medical Faculty is wholly content with its work and enjoys the support and approbation of the best part of the medical profession."<sup>13</sup> Even Bigelow knew a good thing when he saw it and subsequently contributed to the further growth of the school without resistance.<sup>14</sup>

What Henry Jacob Bigelow had not seen in Calvin Ellis was a strong backbone and persistent sense of duty that obliged him to side with those who were open to suggestion and change.

Eliot later wrote, "Dr. Ellis supported every improvement that was suggested in the methods of the Medical School, supported it from beginning to end, and when it was enacted took an active part in putting the improvement into operation. . . . He remained Dean until 1883, thus carrying the new School through its most critical years to safety and success."<sup>15</sup>

Those critical years saw the replacement of a basically repetitious two-year lecture course with a graded three-year course of instruction, the introduction of the scientific method into the medical curriculum, and—as a final achievement—a move from the school's overcrowded, antiquated quarters on North Grove Street to its new Boylston Street building in Boston's Back Bay. Ellis never failed to stress the urgent need for new premises throughout his deanship. The planning and fund-raising for the new school were accomplished during his tenure, but failing health caused his retirement before the actual move took place. The new dean appointed to succeed Ellis was Henry Pickering Bowditch, Professor of Physiology; under his direction, the school moved to its new quarters and celebrated its centenary anniversary in the fall of 1883. Ellis died before the year was out.<sup>16</sup>

On more than one occasion Eliot later wrote of Ellis' contributions to Harvard, referring to his strong faith in the beneficence of medical science, for which "he gave proof by leaving large bequests for the promotion of that science at the University."<sup>17</sup> Time and again, Eliot pointed to the period of rapid and fundamental changes in the organization and spirit of the Med-

ical School under Ellis' deanship, and to his role in its direction:

. . . he preferred the interest of the School to the interest of any individual, whether teacher or student, and the interest of the community to the immediate interest of the School; he actively furthered all the many improvements made by the Faculty during his long term of office; and the great change made in 1870-71 could not have been effected without his support,—a support which was as steady and strong as it was indispensable.<sup>18</sup>

Even in death Calvin Ellis continued to influence the development of his beloved school. In 1899, his generous bequest to Harvard became available through the death of his sister, Lucy Ellis, who had herself been a faithful administratrix of her brother's intentions. In his Annual Report for 1900-01, President Eliot called attention to an interesting fact in the Treasurer's Statement. Harvard Medical School, he noted, now had a larger endowment than any other professional department of the University, a fact the more striking because thirty years before it had the smallest endowment among the professional departments.

When Eliot had begun his presidency of Harvard in 1869-70, the Medical School's invested funds totaled just over \$45,000; as of July 31, 1901, the funds applicable to the Medical School amounted to more than \$1,000,000.<sup>19</sup> Of this total, the largest single figure by far came from the Calvin and Lucy Ellis Fund. Dr. Ellis' estate alone provided \$317,122.09, "the income thereof to be used towards the increase of the salaries of certain professors in the Medical School to \$5,000 a year, and for other purposes



*Ellis said of himself that he first awoke to the full meaning  
of life when he began the study of medicine.*

in the Department of Medicine.<sup>20</sup>

President Eliot has been quoted as saying, "To be absolutely forgotten in a few years is the common fate of mankind." Some, however, are forgotten sooner or more easily than others, especially if they were self-effacing during life. It is therefore fortunate that history allows us to examine the past and dredge up the memories of men like Calvin Ellis. He does not deserve to remain Harvard's forgotten medical dean. □

# Notes

1. CWE to RHF, 2 Dec 1907, in Eliot Papers, Pusey Library; by permission of the Harvard University Archives. Dr. Fitz had served as secretary of the Medical Faculty when Calvin Ellis was in the deanship. His resignation as Hersey Professor of the Theory and Practice of Physic became effective in 1908.
2. There are relatively few Ellis letters extant. In addition to the Eliot Papers in Pusey Library, see also the Dean's Files and other letters and manuscripts in the Harvard Medical Archives, Countway Library.
3. See especially the biography in Thomas F. Harrington's *Harvard Medical School: A History, Narrative and Documentary*, II (New York and Chicago, 1905): 902-10.
4. The Harvard medical deanship was a part-time position until David L. Edsall became the first full-time incumbent in 1923.
5. This account is also based on obituaries in the *Boston Medical and Surgical Journal*, 109 (1883):598-9, and in *JAMA*, 10 (1888):505-6, and a report of the Suffolk District Medical Society memorial meeting, *BM&SJ*, 110 (1884):151-6.
6. R.C. Larrabee, "The Department of Histology and Embryology," *Quarterly of the Harvard Medical Alumni Association* (Oct 1902, no. 6): 295-6.
7. C.W. Eliot, "Oliver Wendell Holmes," in *A Late Harvest: Miscellaneous Papers Written Between Eighty and Ninety* (Boston, 1924), 43.
8. J.C. White, *Sketches from My Life, 1833-1913* (Cambridge, Mass., 1914), 131. Dr. White also played a role in the movement toward the establishment of medical specialties when he became the first professor of dermatology in America in 1871.
9. Reginald Fitz, "President Eliot and Dr. Holmes Leap Forward," *Harvard Library Bulletin* 1 (1947):214.
10. See views upon the changes proposed in 1871: Letters from Drs. E.H. Clarke, J.B.S. Jackson, John Bacon, and Calvin Ellis, Harvard Medical Archives AA 871.2, in Countway Library.
11. C.W. Eliot, *Harvard Memories* (Cambridge: Harvard University Press, 1923), 28.
12. Harrington, *op. cit.*, III, 1021.
13. *Forty-eighth Annual Report of the President of Harvard College, 1872-73* Cambridge, Mass., 1874), 19.
14. H.K. Beecher and M.D. Altschule, *Medicine at Harvard: The First Three Hundred Years* (Hanover, N.H., 1977), 95. Later, when a resolution from Dr. Hodges crediting Bigelow with "contributing to and controlling" the changes made in medical education at Harvard appeared to be endorsed by the president, Ellis protested to Eliot that the truth had been stretched too far. See his letters of 12 and 21 Jan 1883 in the Eliot Papers, Pusey Library.
15. Eliot, "Holmes," *op. cit.*, 43.
16. Ellis had suffered a long and distressing illness—ulcer of the duodenum—and his death on December 14 resulted from perforation and consequent peritonitis. Although HMS was 100 years old in 1882-83, the centennial exercises were delayed until October 17, 1883, to coincide with the dedication of the Boylston Street building. Oliver Wendell Holmes, who had retired the previous year, delivered the keynote address and was honored by the presentation of a portrait. An "animated bust" of Professor Henry Jacob Bigelow, also retired in 1882, was presented by his many friends on condition that it be placed permanently in the new surgical lecture-room. See further *Addresses and Exercises at the One Hundredth Anniversary of the Foundation of the Medical School of Harvard University*, in Harvard Medical Archives, Countway Library.
17. *Annual Reports of the President and Treasurer of Harvard College, 1883-84* (Cambridge, Mass., 1885), 3.
18. *Annual Reports of the President and Treasurer of Harvard College, 1882-83* (Cambridge, Mass., 1883), 5-6.
19. *Annual Reports of the President and Treasurer of Harvard College, 1900-01* (Cambridge, Mass., 1902), 50.
20. *Ibid.*, Treasurer's Statement, 11.

# 'The Latest Word'

"The Most Perfectly Equipped Institution of its Kind in the World" was how the November 1906 issue of *Indoors and Out* ("a monthly magazine devoted to the beautifying of America chiefly by means of architecture and the arts allied to it") described the new Harvard Medical complex. "These new buildings," according to the writer, "represent the architectural solution of a modern problem—bringing to that solution the classicism of Greek art to embody the modernism of instruction in the science of medicine."

"In designing the group, the architects, Messrs. Shepley, Ruten & Coolidge of Boston, have given architectural expression to the ideas of proper laboratory space and teaching facilities formulated by the experience of leading teachers of the Harvard Medical faculty; whose ideas, in turn, were based not only on their personal experience but on careful study of the most approved systems of such instruction the world over, and so represent the latest word as to the environment necessary to medical instruction. This 'latest word' is so well formulated, so authoritatively spoken



wherever medical teaching is a paramount interest, that the lines of such teaching may now fairly be said to be laid down for another century. . .

"Westward on adjacent land is already located the House of the Good Samaritan, a hospital structure that is the first of the group of hospitals that will in the future undoubtedly adjoin the new Harvard Medical foundation on the south and west. On the western side the plans are already under construction for the great Brigham Hospital, where, behind the administration building, some fifteen acres of land are now reserved for hospital purposes, including such important additions as the future structure of the Children's and Infants' Hospital."

"At no very distant date, therefore, this part of Boston, lately a dishevelled outskirts of the Park system will be a noteworthy hospital center, the Harvard Medical foundation being thus splendidly located in an environment that has become inevitably necessary to medical teaching."

*Photos courtesy Harvard Medical Archives, Countway Library*





*Above, the Samuel Dudley House (Tremont Street near Francis Street), future site of the Harvard Medical School, photographed from Parker Hill in 1863*

*Left, dedication ceremonies, September 25, 1906*



*Above, the construction site as it looked two months after groundbreaking in September, 1903*



*Left, aerial view of the Harvard Medical Area circa 1919*



# Changing of the Guard

by Saul Benison,  
A. Clifford Barger  
and Elin L. Wolfe

When Walter Bradford Cannon began his instructorship at Harvard Medical School in 1900, Henry Pickering Bowditch, the Professor of Physiology, was sixty years old and in the twilight of his career. Although he was nominally the chairman of the department, the thrust of his remaining energies did not lay in physiology but rather in planning and raising funds for the construction of new buildings for the Longwood quadrangle.

Years before, when Bowditch had taken the deanship in 1883 and supervised the move to Boston's Back Bay from North Grove Street, it was believed that the new quarters would be adequate to service the needs of the Medical School for at least the next half-century. No one, however, had anticipated the substance or number of changes in medical education that were to continue at Harvard under the leadership of President Charles W. Eliot. All too soon, it became appar-



*Harvard Medical School building on corner of Boylston and Exeter Streets*



ent that the school not only needed more space, it would benefit from a teaching hospital under its own control as well.<sup>1</sup>

If Eliot's and Bowditch's reforms had ceased in the early 1890's, it is conceivable that Harvard Medical School might have been able to meet its needs by erecting a second building on the site of Boylston and Exeter Streets. But Eliot's growing vision that the true function of medicine was to prevent disease and premature mortality did not permit stopping.

Instead, the president proposed adding a graduate department to the Medical School in which a body of experts in comparative physiology, anatomy and pathology would be trained "for laboratory service rather than for the ordinary practice of medicine." In 1896, to give substance to this vision, Eliot—on his own initiative and without formal action by the Medical Faculty—appointed Dr. Theobald

Smith, then bacteriologist to the Massachusetts State Department of Health, as Fabyan Professor of Comparative Pathology. In addition, he consolidated the Harvard Medical, Dental and Veterinary Schools into one over-arching Faculty of Medicine, and began to channel funds from unrestricted bequests to the University into the Medical School appropriations.

Throughout the 1890's, further innovations made the need for space at the Boylston Street school even more pressing than ever before. Moreover, the announcement that a Bachelor's degree would be required of applicants for admission after 1901 resulted in record numbers of matriculants during the latter half of the decade. As if to underscore the growing crisis, Dean William L. Richardson gloomily reported to the president in 1899, "At present, scientific investigations and research work by the teaching staff are almost at a standstill, all the available

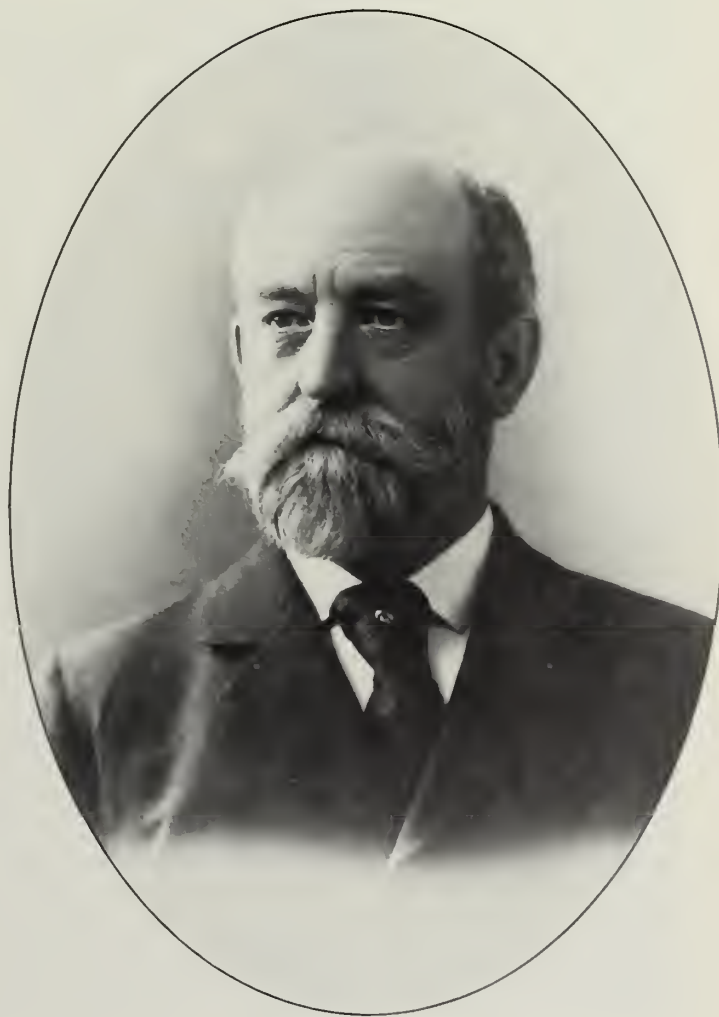
room being needed for the sole purpose of teaching students."<sup>2</sup>

It was under such pressure that the Medical Faculty reluctantly began to examine proposals for meeting the School's space problems. Some of the early proposals, clearly stop-gap measures, caused bickering among the faculty. Little progress was made, however, until Bowditch, in the role of peacemaker, suggested that a portion of the considerable funds from the estate of Henry L. Pierce and from the bequests of the former dean, Calvin Ellis, and his sister Lucy, be used to secure enough land to erect "the various buildings needed by the enlarged Faculty, including hospitals."

Bowditch's plan aroused a great deal of discussion. He and his friend, J. Collins Warren, the Moseley Professor of Surgery, were chosen as members of a committee to consider use of both the Ellis and Pierce bequests. By the spring of 1900, the committee had



*Walter Bradford Cannon during his student days*



*Professor Henry Pickering Bowditch as he approached retirement*

not only suggested allocation of funds from the various bequests for a professorship in physiology, a new physiological laboratory, and a clinical laboratory, it had also recommended purchase of the Francis Estate between Longwood Avenue and Francis Street as a suitable location for the new buildings and hospital.

Within a year, the "Medical Project" had reached the drawing-board stage. Although other committees were appointed at various phases of the undertaking, Drs. Bowditch and Warren continued to take the major responsibility for both the planning and fund-raising. The more Bowditch became engrossed in the new school, the more discontented William Townsend Porter grew over his status and authority as Associate Professor in the Physiology Department.<sup>3</sup> Although Dr. Bowditch announced his approaching retirement as early as 1900, he had trouble letting go. While he endeavored to give up some of his responsibilities gracefully, resigning his professorship proved more difficult.

In June of 1901, Porter again complained to President Eliot about the administration of the Physiology Department. Nothing, however, came of the complaint. Two years later, Porter had a new cause for chagrin when Bowditch was named the George Higginson Professor of Physiology. Bowditch's new title was particularly galling; only a short time before, Porter had suggested to Eliot that he might be appointed to a chair endowed by the Pierce or Ellis funds as a means of settling the administrative dilemma.

Throughout Walter Cannon's early years in the department, he and Porter worked amicably and well together. Despite the tension between Porter and Bowditch about administrative matters, both were united in supporting Cannon's career. Bright young physiologists were at a premium early in the century and the demand for them far outstripped the existing supply. Porter, for example, not only planned for Cannon to take a leave after his marriage to observe laboratory research in Europe, he also urged President Eliot to promote Cannon to assistant professor and to increase his salary.

In this he was immediately joined by Dr. Bowditch who, early in 1902, informed the president, "I would say that I heartily endorse what Dr. Porter wrote you recently about Dr. Cannon. It would be a great misfortune to lose

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his services, and I know of no one who could take his place. . . . You will remember how quickly Dr. Mathews found a place in Chicago when he was let go. Dr. Cannon, although less brilliant, is in my opinion a safer and more valuable man than Dr. Mathews."<sup>4</sup> Bowditch was prescient. A little more than a year later, Western Reserve offered Cannon a professorship.

The letters of commendation from Porter and Bowditch had an impact on the president, and soon he was voicing their opinions of Cannon at faculty meetings. Late in 1902, Cannon was made an assistant professor. For Cannon, the promotion was yet another expression of Harvard's generosity. "Such a fostering mother calls forth the most devoted affection," he wrote President Eliot. "In this new and closer relation with her, I feel more deeply grateful than ever before for all that she had done; and in the years of service I shall do my best to show my loyalty and devotion to her."<sup>5</sup> The president, for his part, recognized Cannon as one of Harvard's own—one who would not say no to calls for service—and took him at his word in having the University's best interests at heart.

Following Cannon's promotion, Eliot placed him on the Administrative Board and on a number of other important committees where his views would be of value. In a more subtle show of support, he began to seek the younger man's advice on a broad number of problems—from raising graduate school fees to the reorganization of the Medical School. Although some of Cannon's opinions were naive and showed his lack of experience, he did not hesitate to speak his mind bluntly and forcefully—a quality Eliot well understood.

As Cannon's star began to rise at the Medical School, W. T. Porter be-

came increasingly enbroiled in controversy. Although Eliot had initially shown some sympathy and support for Porter in his disappointment with Dr. Bowditch, a falling-out gradually developed between them over two important and related issues. The first involved the Harvard Apparatus Company, the second Dr. Porter's pedagogy.

The Harvard Apparatus Company, originally established by Porter during the 1890's in the machine shop within the Physiology Department, was organized for a dual purpose: to copy, or make less costly, simplified models of German laboratory apparatus needed for teaching, and to develop and produce new instruments for physiological research. Both Bowditch and Eliot supported Porter in this venture and agreed with him that such equipment was central to introducing laboratory instruction into the physiological curriculum. Porter's innovative assembly line production techniques enabled him not only to supply Harvard's needs, but to produce a surplus as well. Soon other schools, anxious to follow Porter's pedagogic lead, applied to him for the surplus apparatus made by "the mechanics of the Harvard Physiological Laboratories."

In 1903, as demands for the Harvard apparatus increased, Porter, with Bowditch's assistance, petitioned for an expanded operation to be included in the plans for the new Medical School buildings. Eliot, who was basically sympathetic to the project, cogently explained Porter's and Bowditch's plans to Dean Richardson. "They urge this," he wrote,

on the grounds that the manufacture of Porter's apparatus is a valuable contribution to the teaching of physiology, and that the Medical School itself needs to have a well equipped shop on its own premises—a shop in which apparatus can be well and promptly made. They also represent that the Medical School should not be deprived "of the opportunity of associating itself closely with an educational movement destined to influence the teaching of physiology in all countries."<sup>6</sup>

In the end, the Harvard Corporation was not persuaded; the petition was denied on the ground that the enterprise was too commercial and could not be allowed on non-taxed property. Eliot softened the blow by helping Porter to raise capital for the project elsewhere. In 1904, the Harvard Apparatus Company was moved off the premises.



The second issue was related in part to the first. When Porter arrived at Harvard in 1893, he complained that almost all students were passed through their courses with little regard for standards of excellence. As the instruction in the Physiology Department became increasingly his responsibility, Porter planned "a more extended course than medical students have ever been given."

In the academic year 1899-1900, he introduced another of his pedagogic innovations into the medical curriculum—a change that required students in the first two years to concentrate their efforts on one main subject to the exclusion of others for relatively brief periods of time rather than to scatter their energies over several subjects for longer periods. "The expectation," it was announced in the *Boston Medical and Surgical Journal*, "is that this will conduce to a more logical arrangement of the various fundamental subjects, and also to greater thoroughness in their study, with a decided economy of time."<sup>7</sup> It was in part for the purpose of helping him carry out the program of concentration in the Physiology Department that Porter had initially recommended Walter Cannon's appointment as instructor in 1900.

Not all of Porter's reforms proved acceptable. In his continuing efforts to set higher standards, Porter, ever the rigorous disciplinarian, began to fail increasing numbers of students in their final physiology examinations. At the end of 1904 the medical students, outraged by the growing cases of failure, vehemently protested this practice to the authorities. Dean Richardson, no friend of Porter, and sensing mounting opposition among the faculty to his unbounded zealotry, handed the matter over to the president. Porter defended himself vigorously and well; however, the antagonism he had aroused among students and faculty by his relentless drives for change began to instill doubts in Eliot's mind as to Porter's future value to the Medical School.

During Cannon's years as Assistant Professor of Physiology, he built up a camaraderie with the teaching fellows and assistants in his department, as well as with the younger men in other departments engaged in animal experiments—in particular, in the Department of Surgery. After the turn of the century the Surgery Department, using makeshift quarters in the locker room

*Despite the tension between Porter and Bowditch, both supported Cannon's career: Bright young physiologists were at a premium early in the century and the demand for them far outstripped the existing supply.*

of the Boylston Street school, as well as facilities at the nearby Lyman Animal Hospital, began varied research programs ranging from determining the effects of x-rays on living tissue and transplantation of arteries to studying surgical shock and new techniques used for gastrointestinal operations.

A number of the younger members of the department were drawn to Cannon for a variety of reasons. One, Dr. John Bapst Blake, in conjunction with Dr. H. L. Burrell—then chairman of the Committee on Surgical Research—had introduced Cannon's case method in the course of operative



*William Townsend Porter, Associate Professor of Physiology*

surgery. More important, Blake had closely followed Cannon's investigations with x-rays and was interested in applying Cannon's methods to research on the efficacy of surgical procedures.

Late in 1902, Blake persuaded Cannon to join him in a cooperative study. Over the next two years, they operated on a series of cats to compare the relative merits of gastroenterostomy versus pyloroplasty as surgical methods of obviating non-malignant pyloric stenosis. Before the results of their investigations could be published, however, an unfortunate incident occurred. Dr. Alfred H. Gould, a promising young assistant in the Surgery Department then experimenting with various techniques of gastrointestinal

surgery, and privy to the observations and results obtained by Cannon and Blake, rushed into print in January of 1905 with conclusions identical to those reached by the cooperating investigators. Cannon and Blake, about to go to press with their own paper, filed a protest with the Surgery Department, demanding—and receiving—a public apology from Dr. Gould.

The incident in no way blemished Cannon's relations with the department. After completing his work with Blake, he went on to engage in an interdepartmental study with Dr. Fred T. Murphy on the movements of the stomach and intestines after various abdominal operations. In addition, he took time to instruct some of the junior members of the Surgery Depart-

ment engaged in pathophysiological studies of the lung in the use of physiological apparatus and techniques.<sup>8</sup>

Cannon's experimental ability, and the substance and diversity of his research on the mechanical factors of digestion, began to attract favorable attention, both within and without the Harvard community. The obvious relevance of his findings to the solution of clinical problems created great interest in the clinical societies and led to invitations to address, among other groups, the American Medical Association and the American Gastroenterological Association. Here Cannon met and became friendly with such leaders of the medical academy as Harvey Cushing, Samuel J. Meltzer, William H. Howell, Franklin Mall,



*Construction of Longwood Quadrangle in June 1904*



and Yandell Henderson.

In 1904, Cannon was elected to membership in the American Association for the Advancement of Science. He celebrated the occasion by attending the meetings of its sister association in England, delivering an address before the Physiological Society and at the International Congress of Physiology held in Brussels. Its subject was the passage of food-stuffs through the alimentary canal as demonstrated by roentgenology. In 1905 he began a lengthy term of service as Treasurer of the American Physiological Society, and the following year, upon nomination by Bowditch, Porter, and George H. Parker, was elected a member of the prestigious American Academy of Arts and Sciences.

As Cannon's successes multiplied, his relationship with William T. Porter almost imperceptibly began to change. Towards the end of 1905 hints of Cannon's annoyance with Porter's administration started to surface. "I think that from things Dr. Porter will cut out from the course this year," Cannon confided to his wife Cornelia, "the administration of teaching during the second half-year will be easier than it was last year. But Dr. P. may say one thing one day and go serenely on in an opposite course the next."<sup>9</sup>

Several weeks later, new differences emerged. When a faculty committee investigating the relationship of the Physiology and Biochemistry Departments turned to Porter and Cannon for their opinions, each man

took a diametrically opposite position. Behavioral differences which at another time might have been overlooked were now perceived as unforgivable slights, and Cannon began to complain more frequently that his suggestions for administering the department were not receiving the attention he believed they merited. When Porter increasingly absented himself from the Medical School in the winter of 1905-06 because of illness, Cannon once again found himself, to his great distress, burdened with both the teaching and administration of the Physiology Department. As the term progressed, the troubles between the two men became public knowledge.

Early in February of 1906, following a series of lectures at the Cornell



Medical School, Cannon received an offer of a professorship there from its president, Jacob Gould Schurman. The offer in hand, Cannon presented President Eliot and Dr. Bowditch with the differences he had with Porter and indicated that unless they were resolved, he would seriously consider accepting the Cornell offer. Cannon's stance brought the crisis that had been brewing to a head. When this news became common knowledge, the Medical School found itself in a dilemma and, moreover, sharply divided. Both men were excellent physiologists. Eliot, Bowditch and many members of the Medical Faculty were determined not to lose Cannon. In addition, an overwhelming proportion of the students who had come to have great affection for Cannon signed a petition supporting him.

There was, on the other hand, a strong endorsement of Porter as well. Many senior members of the Faculty along with a number of students (including, ironically, some of those who had petitioned in Cannon's behalf) rose to Porter's defense. Porter, for his own part, defended his research record, his teaching and his administration staunchly, and tendered his resignation—adroitly reminding Eliot at the same time that its acceptance would reflect ill on Harvard in light of his substantive service to the Medical School.

Eliot received no respite. No sooner did he open Porter's letter than Cannon presented him with a series of conditions that had to be met if he were to stay at Harvard. One thing was clear: Cannon was too valuable an asset to lose. Bowditch, who was then taking treatment for paralysis agitans at a sanatorium in Battle Creek, Michigan, telegraphed the president on March 30, "Don't let Cannon go. I shall resign in the summer." In the end, Eliot, with the assistance of a special faculty committee he had appointed to deal with the problem, arrived at a Solomonian decision and arranged a division of responsibility for the teaching of physiology. Cannon was to succeed to Bowditch's chair as Higginson Professor of Physiology while a new special professorship of comparative physiology was established for Porter.<sup>10</sup>

News of the decision, however, was not officially announced until the fall. Eliot, who had a sense of propriety, wanted nothing to detract from the opening of the new Longwood Avenue

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be met if he were to  
stay at Harvard.*

buildings or from the final honors that were to be bestowed upon Dr. Bowditch for his long and often arduous efforts on behalf of Harvard Medical School. In May of 1906, notice was given of Bowditch's impending retirement. Upon the recommendation of the Medical Faculty, the Harvard Corporation voted him a retirement allowance of \$2916.66 per annum, while a room in the new buildings was assigned "for his use for as long as he may find it convenient."

In June, a minute acknowledging Bowditch's thirty-five years of service was spread upon the record by the Medical Faculty. When the American



*Professors Henry Pickering Bowditch (seated) and J. Collins Warren (standing)  
at the time of the dedication of the Longwood Quadrangle*



Medical Association held its annual meeting in Boston that month and previewed the as yet unopened Medical School buildings, the new structures were the focus of attention and envy of one and all. President Eliot availed himself of a free moment to write Bowditch a note of appreciation. "There was a unanimous chorus of admiration and praise all round the terraces," he rejoiced. "You and Dr. Warren have a right to feel the heartiest satisfaction in the great result of your faith and work."<sup>11</sup>

One of the last times Henry Pickering Bowditch appeared in public was in Sanders Theatre at the ceremonies of dedication of the new Harvard Medical School. His friend of many years, James Jackson Putnam, left a vivid description of the event in his 1911 memorial notice of Bowditch:

The occasion was a memorable one, made even more impressive by the sight of Dr. Bowditch's venerable figure clad in the scarlet robes of his Edinburgh doctorate and seated at the front of the platform side by side with Dr. Warren. The two old friends made a fitting center to the striking scene.<sup>12</sup>

With everyone's attention and imagination focused on the future, hardly anyone took time to reflect on the past or to measure how far scientific enterprise had come at the Medical School. Thirty-five years before, Henry P. Bowditch, a young Boston Brahmin, had returned from his studies abroad in the laboratories of France and Germany and was given two small attic rooms in the school on North Grove Street to carry on his teaching and experimental studies in physiology. In the years that followed, Bowditch, through his teaching, research and administration, helped create an environment that fostered the development of scientific medicine at Harvard. The new buildings and their magnificent laboratories were the capstone to his career.

When all was done, however, he was too old to enter the scientific Canaan he had helped to build. The physiology department he had nurtured for so long was now firmly in the hands of one of his students, Walter Cannon. The young Minnesotan, heir to other traditions, in a brief period of six years following his receipt of the M.D. degree, had already begun to put his own mark on physiology at Harvard.<sup>13</sup> □

## Notes

1. See further Harvard Medical Archives AA241.5 file for 1889-92 materials on the faculty committee appointed "to consider the feasibility of securing better facilities for clinical and hospital instruction under the control of the school."
2. *Annual Report of the President of Harvard University, 1899-1900*, Report from the Dean of the Medical School, p. 195. William Lambert Richardson was the Professor of Obstetrics who also served as medical dean from 1893 until his retirement in 1907.
3. Porter came to Harvard from St. Louis to assist Bowditch with the teaching of physiology after W. H. Howell left to head the department at Johns Hopkins. Rising to an associate professorship in 1898, Porter was under the impression he would succeed to the chair when Bowditch reached the retirement age of 60 in 1900. See especially W. T. Porter to C. W. Eliot, Mar 19, 1900, and two further Porter letters to Eliot dated Jun 28, 1901, in Eliot Papers, Pusey Library.
4. H. P. Bowditch to C. W. Eliot, Jan 25, 1902, in Eliot Papers, Pusey Library. Albert Prescott Mathews had a Ph.D. in Physiology from Columbia and had served as head of the department at Tufts Medical School before being appointed, along with Cannon, an instructor at HMS for 1900-01. After leaving Harvard, Mathews went to the University of Chicago and, following World War I, joined the University of Cincinnati Medical School where he became Professor of Biochemistry and chairman of the department.
5. W. B. Cannon to C. W. Eliot, Jan 15, 1903, in Eliot Papers, Pusey Library.
6. C. W. Eliot to W. L. Richardson, Dec 23, 1903, in Eliot Papers, Pusey Library.
7. "The New Curriculum at the Harvard Medical School," *Boston Med. & Surg. J.* 140 (Jun 8, 1899):560.
8. The Gould incident was revealed in a letter from Robert B. Greenough to J. Collins Warren, Feb 10, 1905, in the Department of Surgery files, Countway Library. Dr. Gould's article, "A New Method of Performing Gastro-Enterostomy," appeared in the *Boston Medical & Surgical Journal* 152 (Jan 19, 1905):66-71, and his letter of apology was printed in the Feb 23, 1905 issue, p. 233. In his report on "Experimental Surgery of

the Lungs," which appeared in the *Annals of Surgery* for Feb 1908, Dr. Samuel Robinson acknowledged the assistance and encouragement given him in his investigation by Prof. Walter B. Cannon.

9. W. B. Cannon to C. J. Cannon, Dec. 12, 1905, in Box 158 of the Cannon Archive, Countway Library.
10. The course of the Cannon/Porter dilemma may best be followed in Cannon's detailed 1906 diary notes in the Cannon Archive, Countway Library, and in various 1906 letters in the Eliot Papers, Pusey Library. Eliot had a long-standing interest in establishing a department or school of comparative medicine at Harvard, which began with his securing the Fabyan Professorship in Comparative Pathology for Theobald Smith in 1896. Charles Sedgwick Minot was appointed, in 1905, to the James Stillman Professorship of Comparative Anatomy. The professorship created for William T. Porter, however, was not an endowed chair; when he retired in 1928, the title of comparative physiology retired with him.
11. C. W. Eliot to H. P. Bowditch, Jun 8, 1906, in the Bowditch Manuscript Collection, Countway Library.
12. See further *Boston Medical & Surgical Journal* 164 (Mar 23, 1911): 438-441.
13. Cannon ultimately served as Chairman of the Physiology Department for a period of thirty-six years, one year longer than Bowditch.

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*Saul Benison is Professor of History at the University of Cincinnati. A. Clifford Barger '43A is the Robert Henry Pfeiffer Professor of Physiology at HMS and a member of the editorial board of the Alumni Bulletin. Elin L. Wolfe is a librarian and editor with an interest in medical history.*

*This material is taken from the forthcoming Life and Times of Walter Bradford Cannon: A Documentary History, by Saul Benison, A. Clifford Barger, and Elin L. Wolfe. Excerpted quotes are published here by permission of the Harvard University Archives and the Harvard Medical Archives. Financial support was provided in part by the Josiah Macy, Jr. Foundation, the Commonwealth Fund and the National Library of Medicine.*

*Photos courtesy of Harvard Medical Archives, Countway Library*

# Louville Eugene Emerson: Psychotherapy, Harvard, and the Early Boston Scene

by Eugene Taylor

**B**oston at the turn of the century was a seething cauldron of innovative experiments in mental therapeutics. First to introduce psychoanalysis to American psychology; first in medical and psychiatric social work; first in modern group therapy techniques; first in clinical pastoral education, the practitioners of Boston created an environment that was a veritable mecca of cure for mental disease.

Out of this ferment grew the so-called Boston school of psychotherapy. Composed of cross-currents in neurology, psychology, religion, philosophy, ethics, mental healing and public philanthropy, the Boston school was both pluralistic in method and eclectic in spirit; and it drew from a rich tradition of New England ideals

that combined Puritan conservatism with that individual radicalism so characteristic of the pioneer American spirit.

Taking definite shape in the early 1870's and 1880's, psychotherapy in Boston became associated with a number of distinguished Harvard Medical men and their colleagues from other institutions—great names such as James Jackson Putnam, William James, Morton Prince, and Boston's French connection, Pierre Janet.

Putnam, one of the early psychoanalysts and ardent supporters of Freud after 1909, was head of neurology at Massachusetts General Hospital and Professor of Diseases of the Nervous System at Harvard Medical School. James, although an M.D., taught philosophy and psy-

chology in Harvard College and was a founder of the American Society for Psychical Research. Such diverse personalities as Bernard Sachs, James Rowland Angell, W.E.B. DuBois, Gertrude Stein, Walter Bradford Cannon, E.E. Southard, Boris Sidis, Robert Yerkes and Robert S. Woodworth were his students.

Morton Prince, who graduated from the Medical School in 1879, taught in the Department of Neurology under Putnam from 1894 to 1898

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*Eugene Taylor is an independent scholar whose recent work includes a series of eight Lowell Lectures on the Boston School of Psychotherapy, and the reconstruction of William James' unpublished 1855 lectures, Exceptional Mental States.*



and eventually became head of neurology at Boston City Hospital and Professor of Neurology at Tufts. Prince was a founder of the *Journal of Abnormal Psychology* and a specialist in cases of multiple personality. Janet, a younger colleague of Charcot, was a pioneer in the French experimental psychology of the subconscious. While he resided in Paris almost his entire life, except when lecturing abroad,<sup>1</sup> Janet found his greatest following among members of the Boston circle.

Later this circle would include Josiah Royce, Hugo Münsterberg, Francis Greenwood Peabody, Elwood Worcester, Isador Coriat, Joseph H. Pratt, Richard Cabot, Ida Cannon, Edward Cowles, E.E. Southard, George Waterman, and others. Because of the work of such personalities, Boston became the experimental testing ground for new ideas in psychotherapy and remained a major center until the 1920's when focus shifted to psychoanalytic developments in New York and Washington, D.C.

New light has been shed on this exciting period in Boston history by the recent discovery of papers belonging to the first clinical psychologist to join the staff at Massachusetts General Hospital, Louville Eugene Emerson. Emerson, a Harvard Ph.D. in philosophy, first official psychologist at Massachusetts General Hospital, examiner in psychopathology at the newly opened Boston Psychopathic Hospital, and assistant in neurology at Harvard Medical School, was a ubiquitous pioneer who began his practice in the era of James and Putnam, lived well into our own modern period, but finally died in obscurity, an eclectic pushed aside and forgotten by the rise of rigid professionalism and over-specialization in the mental health field.

Emerson was born October 3, 1873 in Portland, Maine, the son of Joseph James and Caroline Mary Weymouth Emerson. Their Emerson ancestors came from England in the 1630's. They settled first in Massachusetts and then moved on to Maine. If there is any relation to the famous Ralph Waldo Emerson of Concord, it is probably through Emersons in England, not in America. In any event, the two families are distantly related and have maintained friendly contact to this day.

After graduating from Deering

*Louville Eugene Emerson*

High School in Portland, Maine in June, 1891, Emerson went to Lynn, Massachusetts to work first as a line-man climbing trees, and then as an assemblyman winding armatures in the General Electric plant there. He began taking night school courses and was encouraged to go to college by one of his supervisors.

Accordingly, his mother mortgaged the family house, and Emerson entered MIT in 1892. He began work on a five-year degree program, during which time he became a member of a fraternity and the MIT Glee Club, was an officer in the University Cadet Corps, and held various jobs tutoring, probably Latin. He left MIT in 1896 without finishing his degree and took a job at the Smithsonian Institution as an assistant to Professor Langley, the first man to launch an unmanned aircraft across the Potomac. Emerson photographed this historic event.

From 1897 to 1900 he held a position as manager for the local telephone

company in Concord, Massachusetts. While so engaged he traveled constantly into Boston to take music lessons on the piano and to learn musical composition. Later he would give musical performances for his friends at the University of Michigan and for occasional meetings of MIT alumni.

While in Concord, Emerson was visited by Dr. Edward Emerson, son of the Concord transcendentalist, and they struck up a life-long friendship. Edward Emerson introduced him to philosophy when, for a three-year period after 1900 while Louville chiefly studied music, the two of them would journey to Boston and attend public lectures. On one occasion they attended a series given by William James. James, a long-time friend of the Concord Emersons, so stirred the young Louville that after hearing the first lecture, Emerson decided on philosophy and psychology as his chosen vocation.

Emerson entered Harvard College



in 1903. He met his future wife, Mary Fife, a Radcliffe graduate (M.A., 1903), at Phillips Brooks House and they soon became engaged. He wrote to her daily over a four-year period and gave detailed descriptions of his courses with William James, Hugo Münsterberg, Josiah Royce, and George Herbert Palmer.<sup>2</sup>

James, he wrote, was a delight, a philosopher with atmosphere, whose lectures were "brilliant" and "sparkling." Royce was interesting but, Emerson wrote, quoting James's good natured judgment of Royce's rhetoric: "mere words . . . are good material for putting out fires but not good fuel for making them burn bright." Münsterberg was "difficult to talk with." Palmer was "inconsistent" but a "deep thinker." He was "the personification of pure thought," and Emerson rather enjoyed his brand of ethics.

By 1909 Emerson had earned both the M.A. and Ph.D. His dissertation was a physiological investigation in experimental psychology<sup>3</sup> but his doctorate was in philosophy, for psychology in the tradition of William James was to remain a division of the Department of Philosophy at Harvard until 1936. Immediately upon graduation Emerson married Mary Fife and they sailed for a half-year stay in Europe.

Upon their return Emerson took a temporary teaching position at the University of Michigan, Ann Arbor, which had been arranged for him by Professor Palmer. There, Emerson taught philosophy during the academic year and the summer term, and by 1910 he also began as a clinician, seeing patients at the newly opened Michigan Psychopathic Hospital under Dr. Albert Barrett, former protégé of Adolf Meyer during Meyer's great days at the Worcester State Hospital in Massachusetts in the late 1890's.<sup>4</sup>

By 1910 Emerson had been reading the psychotherapeutic literature and began the practice of a modified form of Jungian and Freudian analysis. Henry Wilder Foote,<sup>5</sup> a family friend and Unitarian minister in Ann Arbor at the time, who was a graduate of Harvard Divinity School and nephew of Charles W. Eliot, urged Emerson to write to James Jackson Putnam about possibilities for moving to Boston. In his first letter to Putnam, Emerson wrote:

#### *William James*

I am not very much in sympathy with the present college laboratory psychology because it seems so remote from actual life, and has so little to offer for ethical and philosophical generalization, therefore, when I began to study Freud, Jung, and others of that school, I felt that here, indeed, was a great field for work and social service. . . .

My deepest interest in the work lies in its ethical and philosophical import, and to teach these generalizations is my great desire.<sup>6</sup>

Putnam at that time was the foremost exponent of psychoanalysis in Boston. Having met Freud and fallen under his spell in 1909, Putnam proceeded singlehandedly to introduce Freud's ideas to American medicine. Although Putnam's first reply to Emerson was less than encouraging, through a series of twists and turns Putnam arranged for funds from private sources to be used to establish psychoanalysis at Massachusetts General and other area hospitals.



In 1911 Emerson came to Boston and became associated with the Department of Neurology at Massachusetts General on a half-time basis as the first clinical psychologist. He began seeing patients using two kitchen chairs and a screen on the third-floor landing. A year later, when he also became a consultant to the Department of Medical Social Service, he got his first office, a third-floor dressing cubicle in the corner with a curtain, a table and two chairs. The hospital's third floor became the Department of Psychiatry in 1934; and the large office in which Emerson eventually carried on his practice was, upon his retirement, inherited by Stanley Cobb.

These simple facts are significant because Emerson was a precursor of the kind of liaison psychiatry that did not become institutionalized on the wards at the MGH until Cobb founded the Department of Psychiatry in 1934 with the help of the Rockefeller Foun-



dation. Moreover, as a practicing therapist, Emerson was an early participant in the development of psychiatric social work at the hospital. Richard Clarke Cabot had inaugurated the Department of Social Service at the MGH in 1905 as an adjunct to the outpatient clinic, and brought in Ida M. Cannon in 1907, who helped launch medical social service as an international movement.

Cabot had the idea that social workers could aid in the delivery of more effective medical care and round out the doctor's treatment of the whole person. In 1905 he and Putnam began using Social Service staff to assist in the treatment of patients with strictly mental problems. Seven years later Putnam assigned Emerson to the Social Service Department staff. In so doing he helped to continue one of the early organized efforts at psychiatric social work, a field not fully launched in Boston area hospitals until 1918.

In 1912, by which time Putnam had also secured more funds for the practice of psychoanalysis, Emerson joined the staff of the Boston Psychopathic Hospital, a division of Boston State Hospital whose staff had Harvard affiliations. Thus began a somewhat stormy relationship between Emerson and the director, Dr. Elmer Ernest Southard, Bullard Professor of Neuropathology at Harvard Medical School, himself a former student of James and Royce.<sup>7</sup>

A non-M.D., Emerson was the only practitioner of psychotherapy among this staff of research-oriented medical doctors. His was a modified form of psychoanalysis, more along the lines of James's moral philosophy and Putnam's psychoanalytic idealism than a strictly orthodox Freudian viewpoint. His inevitable faults as a newcomer were accentuated by the general hostility of the Boston medical profession to Freud's sexual ideas; and in the beginning Emerson's brand of therapy was often made to stand for the whole of the psychoanalytic movement.

His work gradually gained acceptance, however, and over the years he came to know and associate with some of the famous names in Boston medicine. Harvey Cushing was a consultant, F. Lyman Wells a fellow psychoanalyst, C. MacFie Campbell a fellow

*As the first clinical psychologist at the MGH, Emerson began seeing patients using two kitchen chairs and a screen on the third-floor landing.*

practitioner; Alfred Worcester was a Harvard Medical School colleague; Richard Cabot was Emerson's overseer in the Medical Social Service Department at the MGH; E. W. Taylor was Emerson's supervisor in Neurology at that hospital after Putnam's retirement; Harry Solomon was a colleague at the Boston Psychopathic; and Henry R. Veits was a tennis partner.

In addition, Emerson came into contact with many Harvard Medical students who themselves became pioneers in American psychiatry. Looking back on his medical education at Harvard, Karl Menninger wrote in 1958:

We were exposed by design to a three-hour session with L.E. Emerson, Ph.D., at the Massachusetts General Hospital. Emerson held the title of "Psychologist," and was described as an "Assistant in Neurology in the Harvard Graduate School of Medicine." In 1915 he presented a "Philosophy for Psychoanalysts" before the American Psychoanalytic Association, developing Putnam's felicitous phrase: "disinterested love." I recently reread it and decided to reproduce it for all our candidates in the Institute and the Fellows in our School of Psychiatry [in Topeka, Kansas].

I recall Emerson's quiet recommendation of a little book called *The Psychology of Insanity* by Bernard Hart. Convincing as it was, and gentlemanly as Emerson and [E.W.] Taylor were, there seemed to us to be something a little fishy about so much emphasis on sexual disasters occurring before a child knew anything about sex!<sup>8</sup>

While Freud, through his correspondence with Putnam, was aware of Emerson's psychoanalytic activities, Freud and Emerson never actually met. In 1912 Emerson did meet Carl

Jung when he attended Jung's Fordham University Lectures in New York. Originally very pessimistic about Jung, by the end of the lecture series Emerson had become tremendously inspired by Jung's approach to clinical practice, especially the care with which he recorded the details of and solutions to his patients' problems.

Through Smith Ely Jelliffe, Emerson had several opportunities during this time to visit and talk at length with Jung. As with his first courses under James, the details of his meetings with Jung are recorded in Emerson's daily letters home to his wife.<sup>9</sup>

But it was his relation to Putnam that had the greatest effect on Emerson's view of psychotherapy. Putnam in fact became Emerson's mentor after 1911. They occasionally lectured on psychotherapy together to the Harvard Medical School students. They began the analysis of each other's dreams. They referred patients to each other. Emerson began seeing patients on a private basis, using Putnam's office at the Putnam home on Marlborough Street. After Putnam died, Emerson then inherited his psychotherapeutic practice, including a collection of patient notes.

While Putnam became a prime mover in establishing the American Psychoanalytic Association, Emerson often played an invaluable secretarial role. "Red necktie Emerson," so-called because he always used to wear a bright red tie, was remembered as one of the most regular attendants of these early meetings, along with Freddy Wells, Isador Coriat and others. On occasion, when Putnam was absent, Emerson would chair the monthly Friday night meetings at Putnam's house, and Putnam often sought Emerson's advice on the structure of the American Psychoanalytic Association during its most formative period.<sup>10</sup>

It quickly became apparent that Emerson's true forté was as a successful psychotherapist, particularly in the cathartic cure of unconscious conflict. He believed that Freud's technique of free association was "almost marvelous in its power of opening windows into the soul," but he also used Jung's association method and utilized various forms of dream interpretation. He counseled patients in sexual hygiene as well, and after 1912 he

began to familiarize himself with the educational techniques of Maria Montessori.

Contemporary historians of medicine have marveled at Emerson's ability, citing in particular a difficult case from the Massachusetts General Hospital patient records of double hysterical paralysis which Emerson cured using free association and dream analysis.<sup>11</sup> An historical critique has also recently appeared on Emerson's treatment of a difficult case of homosexuality in a woman, the analysis of which highlights the paradox of permissiveness and restraint in Victorian morality.<sup>12</sup>

Thus, along with his hospital work, Emerson's small private practice began to flourish. Referrals of all ages came from out of state, from fellow colleagues, and from the many patients whose lives Emerson had helped to significantly change for the better, some of whom came from Boston's wealthiest families. He soon became involved with area churches, accepting and making referrals with local ministers, such as Elwood Worcester, founder of the then beleaguered Emmanuel movement.

Through the Department of Social Service at the MGH, Emerson entered into a pioneering program with Judge Harvey H. Baker to provide psychotherapy to young people who had run afoul of the law. Baker, an enlightened and influential member of the bar, was the first judge of the Boston Juvenile Court and had a keen interest in the psychological reasons for delinquency. His dream was a facility for prevention rather than punishment, although his untimely death in 1916 brought any plans for this to an abrupt halt. However, under Hugh Cabot, wealthy Bostonians began a fund that soon created the Judge Baker Guidance Clinic, which has operated since 1917 to deliver medical and psychiatric treatment to young people. The facility has also carried on major research in child psychiatry with Harvard Medical School and the former Department of Social Relations in Harvard College. Emerson's psychotherapeutic practice with teenagers was an early prototype of this work.

In addition to his growing practice, Emerson became involved in the development of various professional organi-

*Emerson found Freud's technique of free association "almost marvelous in its power of opening windows into the soul."*

zations devoted to psychotherapeutics. He was a member of the Psychopathic Club that met once a month on Wednesday evenings at the home of Morton Prince. Most of the same people would then troop over to Putnam's house once a month on Friday evenings for meetings of the psychoanalytic society.

Emerson also joined the American Psychopathological Association, primarily a group of neurologists who were neither asylum psychiatrists nor orthodox Freudians, but who all had an interest in mental disease. The majority of original members came, rightly enough, from Boston. The Association has flourished to this day, successfully resisting amalgamation with either the American Psychiatric Association or the American Psychoanalytic Association.<sup>13</sup>

Emerson became their secretary in 1913 for a three-year period and held the post again in the 1930's. In this capacity he was responsible for corresponding with members and setting up papers for the annual meetings. Once the papers had been delivered, Emerson was charged with preparing them for publication. These papers, along with many of Emerson's own original contributions, were printed in Prince's *Journal of Abnormal Psychology*. During his tenure as secretary, Emerson corresponded with some of the great figures in the early days of American psychology and psychiatry, including Alfred Adler, Ernest Jones, G. Stanley Hall, August Hoch, Adolf Meyer, William MacDougall, and William Alanson White.

The letters from William Alanson White show that Emerson helped

White and Smith Ely Jelliffe launch the *Psychoanalytic Review* in 1913. In addition to contributing articles to White's new journal, Emerson abstracted the *Internationale Zeitschrift für ärztlich Psychoanalyse*. This journal, only available in German, was Freud's new publication, begun after Wilhelm Stekel quit the Vienna Psychoanalytic Society in 1912. Stekel continued to control the *Zentralblatt*, which had been the main journal of the International Psychoanalytic Association. Freud quickly sent a circular to all contributors to Stekel's journal, urging them to join in establishing the *Zeitschrift*, edited by Sandor Ferenczi, Ernest Jones, and Otto Rank.<sup>14</sup> Emerson's abstracts of the new journal thus aided Freud's attempt to continue the dissemination of psychoanalytic ideas in English before World War I.

By 1918, the year Putnam died, Emerson was secure enough in his own practice to suggest a reinterpretation of Freud's rigid definition of analysis. He began stressing in his publications the importance of mental health in the network of family relationships, calling attention also to the moral and ethical dimensions of the therapeutic process, particularly with regard to the comportment of the therapist and to the patient's own ethical choices as crucial determinants of successful therapy.<sup>15</sup>

Such an orientation became the hallmark of Dr. Emerson's career. He originally came to Boston in 1911, he said, "to apply the principles of philosophy and psychology to the practice of psychotherapy" at a time when Freud's narrow and mechanistic definition of the unconscious was at the center of a storm of discussion in psychotherapeutic circles. Emerson, however, continued to express his own more broadminded and Jamesian attitude in his various professional papers, as well as in the pages of his first book, *Nervousness*, published in 1918.<sup>16</sup>

While Emerson was always somewhat modest and a little dissatisfied about this book, it clearly sets forth his understanding of the inner causes of neurosis. He outlined the use of standard analysis, dream interpretation, and his own kind of "moral education" as forms of effective treatment. He also highlighted the significance of the



moral imperative and a healthy religious outlook as our best preventive approach to mental illness. Barely acknowledging Freud, the book was written primarily in the tradition of Putnam, Palmer and James.

In this regard, Emerson's family remembers that he saw himself as a "practicing philosopher," a teacher who "taught people how to live." The essence of his therapy, he said, was "understanding of the problems followed by self-help for the patient," surely an important attitude in our present age when health care has become so impersonal, and the patient is viewed merely as a passive agent to be acted upon by the doctor's manipulations. Emerson's orientation involved the patient taking an active and dynamic role in the healing process through ethical choices and moral behavior, encouraged all the while in this effort by the therapist. These became the major themes of the Care of the Patient lecture series which Emerson inaugurated at Harvard Medical School in 1925.

The lectures were established through the financial generosity of one of Emerson's patients, who wished to encourage the study of psychology as it pertained to medicine. Emerson approached A. Lawrence Lowell, then president of Harvard, and David Linn Edsall, then dean of Harvard Medical School. A dinner meeting was planned and finally attended by Alfred Worcester, Franklin Balch, Francis Weld Peabody, E.W. Taylor, C. MacFie Campbell, Dean Edsall, and Emerson.

Edsall was particularly interested in fostering the idea of responsible patient care in his medical students and saw the need for sensitivity on the part of the doctor for those injured and suffering. Accordingly the Care of the Patient series would discuss "from the viewpoint of clinicians in various lines of work, the care of the individual human subject, as against care of the disease."<sup>17</sup> The lectures, Emerson said, should emphasize personality, the whole patient, including his family and home, and his social and spiritual relations. They also should emphasize the necessity of taking all of these factors into account in the study and treatment of disease—functional, organic, and even infectious. This idea—that a



James Jackson Putnam

patient is a person, not a test tube in a laboratory, or an aggregation of organs, or a mere machine—accorded with the views of Francis Weld Peabody who said, "One of the essential qualities of the clinician is interest in humanity, for the secret of care of the patient is in caring for the patient."

The lectures were a success from the start and continued for sixteen years. They included such distinguished speakers as Dean Edsall, Alfred Worcester, Francis W. Peabody, E.W. Taylor, C. MacFie Campbell, Austin Fox Riggs, Lawrence Lunt, James Means, Richard Cabot, David Riesman, Joseph H. Pratt, and Elton Mayo.<sup>18</sup>

At least two important volumes came from the talks, Emerson's collection of the original lectures in *Physician and Patient* (1929) and Francis Weld Peabody's influential little book *Care of the Patient* (1927). But due to a number of factors—Emerson's death

in 1939, some confusion between the Care of the Patient series and the George W. Gay Lectures on Medical Ethics, and strained finances at the Medical School from the Depression followed by the onset of World War II—what had unofficially been called the "Emerson Lectures" were discontinued in 1941.

Nevertheless, Peabody's talk enjoyed wide circulation, being printed in the *Journal of the American Medical Association* in 1927, circulated at the same time as a separate pamphlet by Harvard University Press, reissued in 1952 by the Veterans Administration for distribution to its personnel, and reissued again for Harvard Medical students in 1956. The original volume of lectures edited by Emerson was widely distributed in 1929 by Harvard University Press.<sup>19</sup>

It is nearly an indictment of our times that, when Dr. Emerson died on December 17, 1939, no discipline would

recognize his achievements or laud his unique contribution as the first practicing clinical psychologist at the MGH and early pioneer in the American psychoanalytic movement. Philosophy by 1939 had become dominated by positivism and symbolic logic; psychology had become focused exclusively on laboratory experimentation and the study of the behavior of organisms, chiefly rats; and medicine would remain either suspicious of or indifferent to the presence of psychologists in the midst of their field.

Perhaps now, in light of current crises in the health care professions concerning the relevancy of our theories and methods to everyday problems, and also the ethical difficulties resulting from the behavior of professionals, Dr. Emerson's work will at last find its place in both the past history and future health of the American culture. He, himself, believed that "truth, honesty, wise sincerity, and moral courage in public life as well as private, are the most crying needs of our time."<sup>20</sup> His legacy calls for continued reflection on these high ideals. □

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#### Notes

1. In the autumn of 1904 Janet delivered a series of lectures on "The Chief Methods of Psychotherapeutics" before the Lowell Institute in Boston. These were subsequently published in 1919 as his two-volume *Psychological Healing*, Engl. tr., London: Allen & Unwin, 1925; and in November of 1906 Janet delivered his well known lectures on "The Major Symptoms of Hysteria" at the

dedication of the new Harvard Medical School buildings. The lectures, arranged by James Jackson Putnam and President Eliot, were eventually published in Putnam's honor. See Janet's *Major Symptoms of Hysteria*, New York: Macmillan, 1907.

2. Louville Eugene Emerson to Mary Fife. 1904-1907. On deposit at Rare Books, Countway Library of Medicine, Harvard.
3. L. E. Emerson, "An Investigation in the simultaneous stimulation of adjacent touch spots on the skin; The physiology of nerves with particular reference to the theoretical problem of inhibition. Unpublished Ph.D. dissertation, Harvard University, 1907.
4. See Gerald Grob, *The State and the Mentally Ill; A History of Worcester State Hospital in Massachusetts, 1830-1920*. Chapel Hill; University of North Carolina Press, 1966.
5. See Henry Wilder Foote's obituary notice of Emerson in 35th Anniversary Report of the Harvard Class of 1907, Harvard University Archives, p. 149-150.
6. L. E. Emerson to J. J. Putnam, February 4, 1911. On deposit, Rare Books, Countway Library of Medicine, Harvard.
7. E. E. Southard to L. E. Emerson, 1912-1917, Emerson Papers, Countway Library, Harvard.
8. Karl Menninger, "Footprints," In Ives Hendrick's *Birth of an Institute*. 25th anniversary of the Boston Psychoanalytic Institute, 1956.
9. L. E. Emerson to Mary Fife Emerson, September, 1912. Countway Library, Harvard.
10. J. J. Putnam to L. E. Emerson, 1911-1918, Emerson Papers, Countway Library, Harvard.
11. See Nathan Hale's "James Jackson Putnam and Boston Neurology," in George Gifford (ed.) *Psychoanalysis Psychotherapy and the New England Medical Scene, 1894-1944*. New York: Neale Watson, 1978, p. 153.
12. See Martin B. Duberman. "I am not contented; Female Masochism and Lesbianism in Early Twentieth Century New England." *Signs; Journal of Women in Culture and Society*, 1980, 5; 4. pp. 825-841.
13. See letters pertaining to the early history of the American Psycho-pathological Association in the L. E. Emerson Papers, Countway Library, Harvard; and Emerson's letters to Adolf Meyer, Meyer Papers, Alan M. Chesney Medical Archives, Johns Hopkins University, for information not included in Samuel W. Hamilton's "Notes on the history of the American Psychopathological Association; 1910-1931. *Journal of Nervous and Mental Disease*, 1946, 30-59.
14. Nathan G. Hale, *James Jackson Putnam and Psychoanalysis*, Cambridge, MA: Harvard University Press, 1971. p. 149.
15. See, for instance, Emerson's "A Philosophy for Psychoanalysis," *Psychoanalytic Review*, II, 1915, pp. 422-427; Emerson's review of E. B. Holt's *The Freudian Wish*, *Harvard Graduates Magazine*, XXV, 1916-17, p. 143; and Emerson's review of Freud's "Impulses and Their Mutations." *Psychoanalytic Review*, 1919, 345.
16. L. E. Emerson, *Nervousness; Its Causes, Treatment, and Prevention*. Mind and Health Series/H. Ad-dington Bruce: Boston, 1918.
17. Taken from correspondence relating to the Care of the Patient Lectures, Emerson Papers, Countway Library, Harvard.
18. Additional information on the Care of the Patient series can be found in James J. Hughes, "A History of the George W. Gay Lectures on Medical Ethics; Harvard Medical School." Xerox of unpublished manuscript on deposit at the Countway Library of Medicine, Harvard.
19. L. E. Emerson (ed.) *Physician and Patient: Personal Care*. Cambridge: Harvard University Press, 1929, and F. W. Peabody's "The Care of the Patient," first published in the *Journal of the American Medical Association*, 1927, 88, pp. 879-882, and in a pamphlet by Harvard University Press, 1927. Reprinted in Peabody's *Doctor and Patient*, New York: MacMillan, 1930; reprinted again by the Veterans Administration, U.S. Government Documents (TB10 85, Washington, D.C.), 1952; and again by George Cheever Shattuck for circulation among Harvard Medical students, 1956.
20. Quoted from Emerson's report of his own activities in the 30th Anniversary Reports, Harvard University Class of 1907, p. 40.





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